



**Department of Health Services
Children's Medical Services Network**



CMS Net Web

User Manual (Step-by-Step)

Revised: February 9, 2005

1 Course Overview

About This Training Session

This training class is designed to give you information and practice in learning how to use Service Authorization Request selected and Provider Management functionality within CMS Net Web. The materials that will be made available to you include:

- CMS Net Web User Manual (step-by-step reference guide to CMS Net Web)
- CMS Net Web Online Help (CMS Net Web)

Objectives

At the completion of this section, you will:

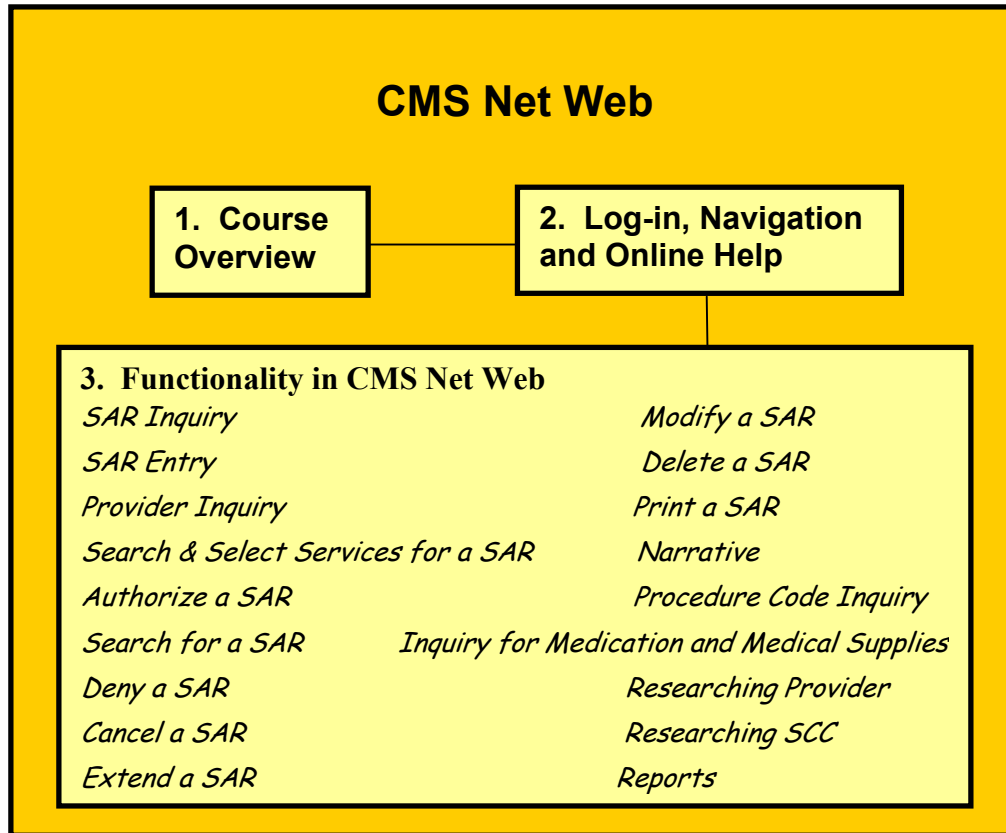
- Have an understanding of what will be covered in the *CMS Net Web* course
- Be familiar with the agenda
- Receive answers to any questions you may have before the class begins

Revision History

Date Revised	Change
6/24/04	Sections 7.1.9, 15.1.6, - Update Units and Quantity definitions Section 2.1 – Update Web Addresses for Production and Training
8/16/04	Section 1.4 – Updated flow for SARs requesting State Approval Section 7.1.4, 7.1.7 - Updated how to search for Medical and Dental Service Code Groupings (SCG) Section 7.1.9 – Added modifier information and descriptions
8/31/04	Section 1.3 – Updated Table of Contents Section 3.2 – Updated Administration Screen access definition Add Diagnosis codes to all screen shots
9/10/04	Section X - Add revision history Section 1.3 – Updated Table of Contents
12/28/04	Separated CMS Net Web User Guide into individual chapter sections. <ul style="list-style-type: none"> • Add ability to generated NOA from Cancel and Deny screens • Remove radio buttons from Client/Provider/SAR searches • Add new selection on view SAR screen to allow entry of new SAR for same client • References to modifiers updated to include 11/1/04 updates • Added new selections to distributions • Primary and Secondary DX added to enter SAR screen
02/09/05	Formatting and section renumbering to facilitate training

1.1 Course Material for CMS Net Web

Notes



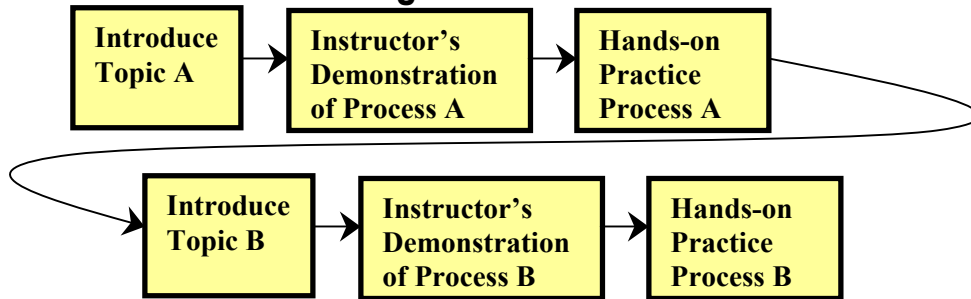
Here is a graphic showing the content covered in this training session. First an overview of the course will be covered. The next two sections will cover logging into CMS Net Web, followed by navigation and online help of the new system. The majority of the training session will cover the specifics of functionality in CMS Net Web.

1.2 Course Agenda

** Note: Questions can be asked throughout the day.*

Time	Schedule Description	Manual Section(s)
09:00	Welcome & Introductions	
09:10	Course Overview –Agenda, Approach to Hands-On Practice	Section 1
09:20	Login, Navigation and Online Help	Sections 2-5
09:30	Discuss the Interfaces that Feed into and from CMS Net Web	
09:40	Researching Physician (Paneled) Provider Researching Inpatient (Approved) Hospital Researching Special Care Center	Sections 6-7
10:00	Inquiry into Procedure Codes	Section 8
10:15	Inquiry into Drugs Requiring Authorization and Medical Supplies	Section 9
10:30	Discuss Business Rules/EPSTD Approval Process	Sections 10-12
10:40	- BREAK – 10 Minutes	
10:50	Enter an Inpatient SAR Discuss SAR Override	Section 13
11:20	Enter a Paneled Provider SAR	Section 14
11:40	Enter a Pharmaceutical SAR	Section 15
12:00 – 1:00	- LUNCH – One Hour	
01:00	Authorize SAR / SAR Override	Section 16
01:30	Narrative, Print SAR	Sections 17-18
01:45	Modify Pending SAR	Section 19
02:00	Extend SAR	Section 20
02:20	Cancel SAR	Section 21
02:35	Deny SAR	Section 22
03:10 – 03:20	- BREAK – 10 Minutes	
03:20	Delete a Pending SAR	Section 23
03:30	SAR Inquiry	Section 24
03:45	Reports in CMS Net Web	Section 25
04:00	SAR Examples	Section 26
04:15	SAR Special Instructions	Section 27
04:30	FAQ, Course Evaluations, Wrap Up	Section 28

1.3 Process for Training



1. TOPIC INTRODUCTION

The instructor will introduce each topic starting with brief lecture. These section topics define learning objectives. Then the instructor will give a description of the topic and how it relates to the other section topics. Whenever possible, the topic will also be discussed in relation to job-specific functions.

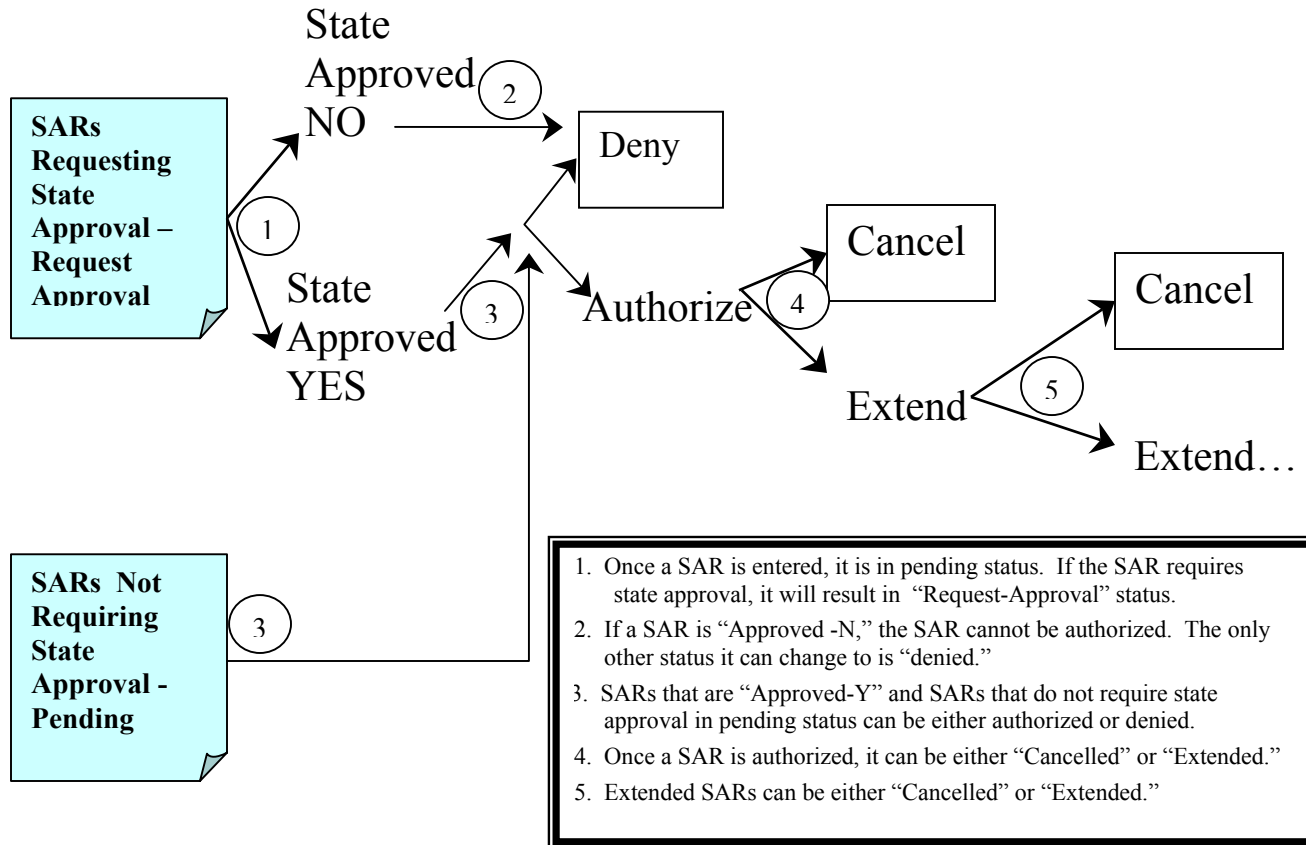
2. INSTRUCTOR'S DEMONSTRATION

The instructor will lead demonstrations in the CMS Net Web, thereby reinforcing the concepts introduced in the introduction.

3. HANDS-ON PRACTICE

The instructor will provide time in the schedule to allow users to practice using CMS Net Web during each section covered in the agenda. These hands-on practice scenarios allow users to practice transferring information from paper-forms for providers and SCCs into CMS Net Web.

1.4 Status of Service Authorization Requests (SAR) in CMS Net Web



This training material centers on Service Authorization Requests (SAR) in CMS Net Web. The graphic shows the different statuses that a SAR may undertake.

SAR Number Assignment

Prefix of: 91 = EPSDT-SS SAR
97 = All other SAR

Last digit of: 1 = Manually entered NDC
3 = Manually entered price (allowed if EPSDT-SS and no price on procedure master file)
0 = All other SAR

middle numbers are sequentially assigned

2 Login CMS Net Web

Introduction to Login CMS Net Web

Logging into the system is the first step to using it. This will be our first exercise in using CMS Net Web.

Objectives

At the completion of this section, you will be able to:

- Login CMS Net Web
- Logout from CMS Net Web

2.1 Step-by-Step Instructions on how to Login CMS Net Web

Notes



1. Open the web browser on your computer desktop by clicking the icon.
2. Enter the CMS Net Web address in the Address line:
 - Training Environment:
<https://cmstrnw.cahwnet.gov/CMSE47/login.jsp>
 - Production Environment
<https://cms.cahwnet.gov/CMSE47/login.jsp>
3. *You may wish to save this URL address into your “Internet Favorites.”*
 - Go to Favorites (on your web browser)
 - Select “Add to Favorites”
 - In the Name text box, specify: Children’s Medical Services – **TRAINING** for
<https://cmstrnw.cahwnet.gov/CMSE47/login.jsp>
 - OR
 - Children’s Medical Services – **PRODUCTION** for
<https://cms.cahwnet.gov/CMSE47/login.jsp>
4. Enter your CMS Net access code on the CMS Net Web Login page.
Click the “Submit” button.
5. Confirm that you are logged into CMS Net Web by viewing the “CMS Net Welcome Page”



After five failed login attempts, your access code will be locked.
Call the CMS Net Help Desk to reset your access code.



CMS Net Web will time-out if your session is idle for at least 30 minutes.

2.1.1 Logout from CMS Net Web

Notes

Logging out of CMS Net Web ends your CMS Net Web session. The proper way to logout of CMS Net Web is to click the Logout link in the upper right hand corner of your page.

The screenshot displays the CMS Net Web interface. At the top, a blue navigation bar contains links: [California Home](#), [CDHS Home](#), [CDHS Comments](#), [CDHS Search](#), and [CDHS Organization](#). The date "Wednesday, February 25, 2004" is shown on the right. Below this is a banner with "Welcome to California" and a collage of California landmarks. The main heading is "Children's Medical Services" with the tagline "Caring for Children with Special Medical Needs...". A "Contact Us | Help" link is present, with a hand icon pointing to the "Help" link. A secondary navigation bar includes links: [Authorization](#), [Provider](#), [Formulary](#), [Procedure Code](#), [Administration](#), and [Reports](#). Below this is a blue bar with "Search - Providers" and "Dev 24 --- 02/23/2004". A note states "Required fields are marked in *". The "SEARCH PROVIDER" form includes: "Search Category *" with radio buttons for "Hospital / Medical Provider", "Special Care Centers", "Non PMF Providers", and "Dental Provider"; "Provider Name" and "Provider ID" text boxes; "Specialty/Allied Health", "Special Care Center Type", "County", and "Provider Type" dropdown menus; and an "Accepting Referrals" checkbox. "Search" and "Clear" buttons are at the bottom.



3



Navigation and Online Help

Introduction to Navigation and Online Help

Navigation is the term used to describe the process of moving through CMS Net Web. As you “navigate” through the system, you will access windows, view information, enter data, and update existing data.

This section will review the basic navigation functions in CMS Net Web, including the online help features. It will also explain how to get field description information from CMS Net Web Online Help.

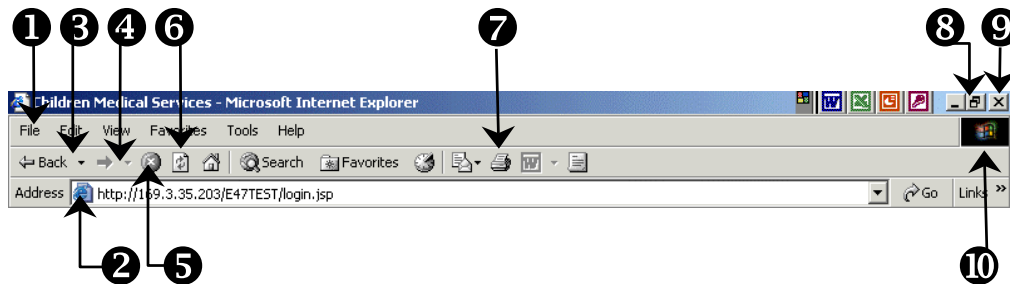
Objectives

At the completion of this section, you will be able to:

- Use Internet Explorer’s Menu Bar
- Use CMS Net Web Menu Bar
- Be Familiar with CMS Net Web’s Navigation and Page Design
- Understand how to Save Information in CMS Net Web
- Understand how to Close a Page in CMS Net Web
- Understand how to Access CMS Net Web Online Help

3.1 Internet Explorer's Menu Bar

Here are some features of Internet Explorer, the web-browser used to access CMS Net Web.



1		File Menu: Allows the user to open new pages, close pages, and print what is viewable on the page.
2		Address Line: Shows the web page and the internet address of the page being viewed.
3		Back: Takes the user to the previously viewed page.
4		Forward: Takes the user to the next page (that has been viewed already)
5		Stop: Stops the event that is currently taking place.
6		Refresh: Reloads the page.
7		Print: Prints what is viewable on the page.
8		Minimize page: Reduces the size of the page.
9		Close: Removes the page from the screen.
10		"Busy Processing:" When this item is moving, the system is processing. When the item is stationary, the system is waiting for the user.



We recommend that you do NOT use the "Back" button on your web-browser. The "Back" button will produce unpredictable results.

3.2 CMS Net Web Menu Bar

The CMS Net Web menu bar is shown below. The menu bar is the same on every page. It is located directly below the CMS Net Web title bar.



The menu bar allows you to quickly move to different parts of the system. Your access to these areas will depend on the security profile assigned to you.

Authorization:	Takes the user to the SAR Inquiry Page to Search, View, Add, and Update SARs.
Provider:	Takes the user to the Provider Inquiry Page to Search, View, Add, and Update Provider information.
Formulary:	Takes the user to the Drugs Requiring Authorization and Medical Supply Search inquiry.
Procedure Code:	Takes the user to the Medical and Dental Procedure Code Search Inquiry.
Administration:	Takes the user to the administration pages. Only State System Administration staff may access.
Reports:	Takes the user to the reports pages.

3.3 CMS Net Web Navigation and Page Design

CMS Net Web uses a consistent “look and feel” as a way of helping you navigate between pages, enter data, and complete tasks. An understanding of the basics of navigation in the CMS Net Web will be helpful as you work in the system.

3.3.1 Required Fields

In CMS Net Web, required fields indicate those fields that must be completed before you can save and exit the page. An asterisk to the right of the field name identifies that it is required.

County / Regional Office *

If you attempt to save a page without entering in data in the required fields, an error message will appear as a pop-up box or on the top of the page in red. The user is taken to the first field that needs information.

3.3.2 Tab Pages

When there is a large amount of data to be collected on a page, CMS Net Web uses tab pages to organize the information into logical groupings. A page with tabs will open with the first tab.

California Home | CDHS Home | CDHS Comments | CDHS Search | CDHS Organization | Thursday, April 8, 2004

Children's Medical Services
Caring for Children with Special Medical Needs...

Contact Us | Help | Logout

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

NATHANIEL SMITH - Pending

Authorize | Deny | Cancel | **Modify** | Extend | Delete | Print

CLIENT INFORMATION

Client Name:	NATHANIEL SMITH	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3305032	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	11/12/1997	Diagnostic Only:	No	PSA Status:	SIGNED
CIN:	97641843D8	CCS Elig Status:	9K CCS	Program Begin Date:	01/01/2004
Gender:	Male	County:	Placer	Program End Date:	12/31/2004

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address:	75 PRINGLE WAY, STE 801, RENO, NV, 89502-8400	County:	null

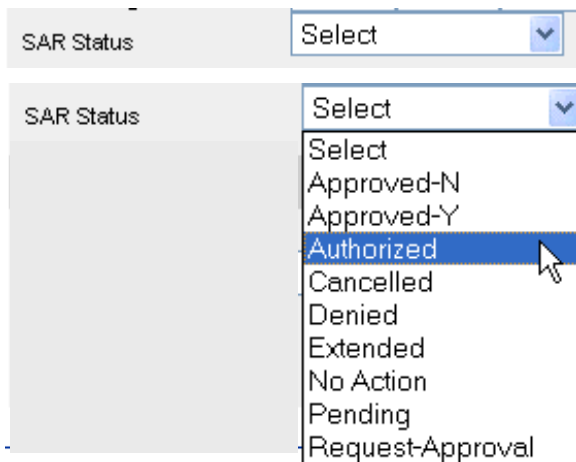
SAR INFORMATION

SAR Number:	97000000210	Request Date:	04/08/2004
Service Begin Date:	04/01/2004	Service End Date:	04/01/2004
No Of Days:	29	Payment County:	Placer
EPSDT-SS:	N	CCS-SS:	N
Category:	1093	State Approved:	

Click the tab label to go to this tab.

3.3.3 Drop Down Fields

CMS Net Web uses drop down fields when the field is supported by a reference table (or a picklist). Any field with a down arrow has values provided in a list. Click on the drop down or the arrow to view the list. Select a value by clicking your mouse on the desired value.



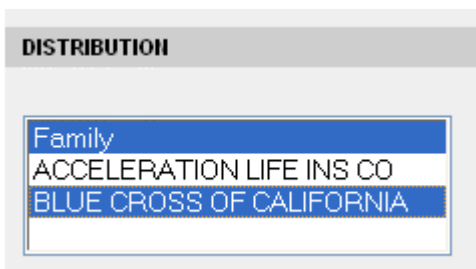
In most cases, drop down field values will be displayed alphabetically.



*You can select a value from the drop down list in a drop down field.
You cannot enter free-form text in a drop down field.*

3.3.4 List Boxes

CMS Net Web uses a list box when the user may select multiple supplied values. For instance, on the Authorize, Extend, Cancel, and Deny SAR pages, a distribution list box appears on the page. The user may select one value, several values, or no values from this list box.



To select multiple values from this distribution list box, hold down the “ctrl” key on the keyboard and click the selection(s) with the mouse.

3.3.5 Commonly Used Buttons in CMS Net Web

The New button

The **New** button clears the fields on the page and prepares the page to receive new information. Once you enter in the information on the page, click the **Save** button.

The Undo button

The **Undo** button removes the data that has been entered on the page. This action will reset all fields to their default (or last saved) values; it discards pending changes. It will *not* undo a transaction that has been saved.

The Save Button

As you enter or update information in CMS Net Web, it is important to make sure that the modifications have been saved to the CMS Net Web database. When you have completed a page or a tab on a page, click the **Save** button on the page. This will save the information from the page to the database.



If you attempt to close the page without saving the data you have entered or updated, CMS Net Web will close the page and your updates will be discarded.

3.3.6 Closing a Page

To close a page, click on the X located in the upper right hand corner of the page or you can click on Close on Internet Explorer's File Menu bar.

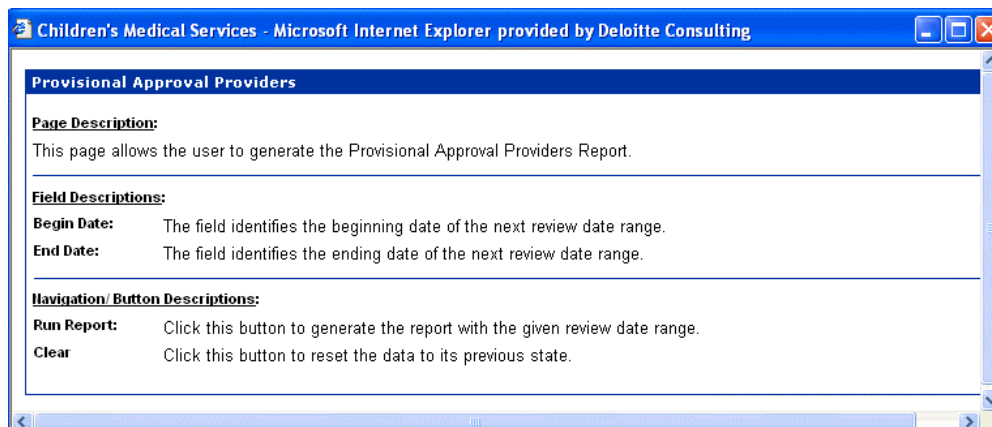


If you close the page without saving the data you have entered, you will lose the information and the page will close

3.4 CMS Net Web Online Help

Notes

CMS Net Web Online Help consists of page help and field help. Page help explains the purpose of the page or tab. Field help provides a definition of each field on the page or tab. An example of an online help page is provided below for the Provisional Approved Providers Report page.



4 Getting Help

Introduction to Getting Help

If you have questions regarding CMS Net Web:

Call the CMS Net Help Desk Toll Free at: (866) 685-8449

FAX: (916) 327 – 0997

Hours of Operation:

Monday through Friday: 7 AM – 5 PM. (916) 327 – 2378

Email the CMS Net Help Desk: cmshelp@dhs.ca.gov

With at least 48 hours notice CMS Net can still be made available to users during non-business hours. However, there will be no on-call support. Please contact the CMS Net Help Desk to make arrangements

5 Trouble-Shooting Tips

Introduction to Trouble-Shooting Tips

We have identified a list of common questions and proposed solutions and have included them in this packet. The subject areas are as follows:

“Invalid Access Code”

“Access Code has been locked.”

“An Error has Occurred”

No Double Quotes (“

“Invalid Access Code.”

The complete error message reads, “Invalid Access Code. Please Enter an Access Code using 8 to 10 characters. A minimum of one and a maximum of 2 numeric characters must be included. Please login with a valid Access Code.”

This error message will display when an incorrect access code is entered.

Try entering the access code again. You have 5 attempts to enter your access code.

Note: Your access code is the same one that you use to enter the CMS Net character-based system.

“Access Code has been locked.”


The complete error message reads, “Access Code has been locked. Please contact the System Administrator/ Help Desk for help with your Access Code.”

Call the CMS Net Help Desk so that they can reset your access code.

“An Error has Occurred.”

A general error message reads:

“An Error has Occurred. Please click the CMS Logo and login to the application.”

Click the Refresh icon.  Try to repeat the same transaction. If you receive this error message again, call the CMS Net Help Desk.

No Double Quotes (“)

Notes

CMS Net Web is not designed to accept double-quotes (“). If a double-quote is encountered, you will see the “An Error has Occurred” message.

The work-around for a double-quote is to use a single quote (‘). You can enter the single quote in the data fields.

6 Research a Provider

Introduction to Researching Provider

CMS Net Web has information available for you to research service providers. These service providers can be grouped into two categories: Special Care Centers and other medical/hospital/dental providers.

This chapter will describe how to look-up information for medical/hospital/dental providers.

Objectives

At the completion of this section, you will be able to:

- View provider details for the providers who have a Medi-Cal number or a Denti-Cal number
- Research what an individual provider is paneled in for medical providers with a Medi-Cal number
- Find what SCCs are approved and identify each SCC member
- Find the level of service for an inpatient hospital

6.1 How to Find a Provider (in General) in CMS Net Web

1. Access Provider Management by clicking the “Provider” link on the CMS Net Menu Bar.
2. Enter search criteria:
 - Select the Search Category by clicking the appropriate radio button: Hospital/Medical Provider, Special Care Centers, or Dental Provider.
 - Enter at least one of the following:
 - Enter the Provider Name. This can be a Hospital, Medical Provider, SCC, or a Dental Provider name.
 - Enter the Provider ID.
 - For a hospital or a medical provider, the Prov ID is 9 characters
 - For dental providers, the Prov ID is 6 characters
 - For SCCs, the Prov ID has the following format: 7.01.1 where there are two digits in the middle and at least one digit in the third location.
 - Select Specialty (applies to Hospital/Medical Provider or Dental Provider only)
 - Select Special Care Center Type (applies to Special Care Centers only)
 - Select County (applies to all four search categories)
 - Select Provider Type (applies only to Hospital/Medical Provider)
 - Check Accepting Referrals Indicator (applies to Hospital/Medical Provider only)
3. Click the “Search” button.

Notes

Sometimes the provider’s name is stored with a space <LAST, FIRST>.

Other times the provider’s name is stored without a space <LAST,FIRST>.

Try both ways when searching for a provider.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search - Providers -----Dev 27 --- 02/25/2004

Required fields are marked *

SEARCH PROVIDER

Search Category * ☒ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name Provider ID

Specialty/Allied Health

Special Care Center Type

County

Provider Type

Accepting Referrals ☐

1. 2. 3. Search Clear

4. Click on the link (blue underlined name) of your selection.

5. If additional matches are supplied, view them on the next page by:

Clicking the “Next Records” link OR clicking the “Prev Records” link.

Notes

Authorization	Provider	Formulary	Procedure Code	Administration	Reports
List of Providers					
Provider Name	Provider ID	Status	Service Address	County	Paneled
GONZAGA, CHRISTOPHER MD	XPY190310	Active	2111 COLLEGE DR GALLUP NM 87301560087301-5600		
GONZALES, RY PHARMACY	PHA4438080	Active	338A ALTA ST GONZALES CA 93926000093926-0000	Monterey	
GONZALES, ANTHONY M MD	00A602800	Active	1154 N EUCLID ST ANAHEIM CA 92801195592801-1955	Orange	
GONZALES, ARLENE C MD	00G672981	Active	1414 S MILLER ST STE 2 SANTA MARIA CA 93454691693454-6916	Santa Barbara	
GONZALES, JAMES N MD	00G668201	Active	1441 LIBERTY ST STE 305 REDDING CA 96001084896001-0848	Shasta	
GONZALES, LAURA H LVN	EPS010860	Active	606 P ST SANGER CA 93657282493657-2824	Fresno	
GONZALES, MICHAEL F PHD	PSY079930	Active	4010 BARRANCA PKWY STE 252 IRVINE CA 92604171692604-1716	Orange	
GONZALES, ROBERT MICHAEL	00A614610	Active	1140 MAIN ST LIVINGSTON CA 95334125795334-1257	Merced	
GONZALES, ROBERT P OD	SD0074760	Active	1415 N BRISTOL ST SANTA ANA CA 92706330392706-3303	Orange	
GONZALEZ, ABRAHAM	XPY134850	Active	101 RIM RD STE 300 EL PASO TX 79902000079902-0000		
GONZALEZ, ALLYSON A MD	00G796210	Active	1260 15TH ST STE 614 SANTA MONICA CA 90404114190404-1141	Los Angeles	
GONZALEZ, ANGULO W MD	00G154430	Active	1675 N PERRIS BLVD STE A11 PERRIS CA 92571472492571-4724	Riverside	
GONZALEZ, ANGULO W MD	00G154432	Active	24475 SUNNYMEAD BLVD MORENO VALLEY CA 92553931392553-9313	Riverside	
GONZALEZ, ORMANDO MD	00C397251	Active	850 S ATLANTIC BLVD STE 305 MONTEREY PARK CA 91754472991754-4729	Los Angeles	Yes
GONZALEZ, BERTHA A DO	00AX68490	Active	3106 W BEVERLY BLVD MONTEBELLO CA 90640221790640-2217	Los Angeles	
GONZALEZ, CASIMIRO MD	00A665111	Active	4566 E FLORENCE AVE STE 3 CUDAHY CA 90201434690201-4346	Los Angeles	
GONZALEZ, EMILIO A MD	XPY190489	Active	1900 NORTH OREGON SUITE 610 EL PASO TX 79902000079902-0000		
GONZALEZ, GUSTAVO A MD	00G783021	Active	210 GREEN VALLEY RD WATSONVILLE CA 95076313595076-3135	Santa Cruz	
GONZALEZ, GUSTAVO A MD	00G783022	Active	1011 CASS ST STE 107 MONTEREY CA 93940454293940-4542	Monterey	
GONZALEZ, GUZTAVO A MD	00G783020	Indirect	1001 POTRERO AVE, RM 4M31, SAN FRANCISCO, CA, 94110-3518	San Francisco	
GONZALEZ, HECTOR A MD	00G505800	Indirect	4867 W SUNSET BLVD, LOS ANGELES, CA, 90027-5969	Los Angeles	

1-25 out of 70 Matching Records

[Next Records>>](#)

Click to view
more results

1. View the Provider's details.

Notes

[Authorization](#) | [Provider](#) | [Formulary](#) | [Procedure Code](#) | [Administration](#) | [Reports](#)

00C397251 - GONZALEZ, ARMANDO MD

Provider

SCC Association

PSU Mgmt

Paneling

Hospital

Paneled

Details

Provider Name:

GONZALEZ, ARMANDO MD

Provider ID:

00C397251

Provider Type:

PHYSICIANS

Phone Number:

(626) 281-1112

Ext:

County:

Los Angeles

Date Added:

07/21/1998

Application Date:

05/28/1998

Last PMF Activity:

SSI:

999-99-9999

FEL No:

999999999

Medicare No:

C39725A

License:

C99999999

License Date:

05/04/1981

Reject Reason:

Indicators:

☐ Group
 ☐ Short Doyle

Laboratory:

Out of State:

In State

Service Address:

850 S ATLANTIC BLVD
STE 305
MONTEREY PARK, CA 91754-4729

Pay Address:

850 S ATLANTIC BLVD
STE 305
MONTEREY PARK, CA 91754-4729

Status Information

Status	Effective Date
Active	01/01/1998
Pending	07/21/1998
Pending	07/21/1998
Pending	07/21/1998
Pending	07/21/1998

Category of Service

Code	Start Date	End Date
001	01/01/1998	



Service Addresses for SAR Cover Letters

SARs with medical providers, hospitals, and dental providers will be sent to the service address of the provider. The address will automatically be inserted in the authorize cover letter.

6.2 How to Find a Provider's Paneling Information in CMS Net Web

Note: Paneling information is viewable for individual medical providers who have a Medi-Cal number.

1. Search for a provider by following the steps in Section 4.1 How to Find a Provider (in General) in CMS Net Web.
2. Click the selection (the provider's name displayed in blue) in the List of Search Results.
3. The Provider Details for the provider will appear. If a "Paneled" stamp appears in the right-hand corner of the page, then the provider is currently paneled.
4. To view what the provider is paneled in, click the "Paneling" tab.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

00C397251 - GONZALEZ, ARMANDO MD

Provider SCC Association PSU Mgmt **Paneling** Hospital

Paneled

Details

Provider Name: GONZALEZ, ARMANDO MD	Provider ID: 00C397251
Provider Type: PHYSICIANS	
Phone Number: (626) 281-1112	Ext:
Date Added: 07/21/1998	County: Los Angeles
SSN: 999-99-9999	Application Date: 05/28/1998
License: C99999999	FEI No: 999999999
Reject Reason:	License Date: 05/04/1981
Indicators: <input type="checkbox"/> Group <input type="checkbox"/> Short Doyle	
Laboratory:	
Out of State: <input type="checkbox"/> In State: <input type="checkbox"/>	
Service Address: 850 S ATLANTIC BLVD STE 305 MONTEREY PARK, CA 91754-4729	Pay Address: 850 S ATLANTIC BLVD STE 305 MONTEREY PARK, CA 91754-4729

Indicates that the provider is currently paneled.

Status Information

Status	Effective Date
Active	01/01/1998
Pending	07/21/1998
Pending	07/21/1998
Pending	07/21/1998
Pending	07/21/1998

Category of Service

Code	Start Date	End Date
001	01/01/1998	

- Click the “Select” radio button to view details in the lower section of the page.
- The page will refresh to allow you to view the specialty details in the lower section of the page.

Notes

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

00C397251 - GONZALEZ, ARMANDO MD

Provider | SCC Association | PSU Mgmt | Paneling | Hospital

Paneled

Select	Specialty	Other Emphasis	Pediatric Emphasis	Accepting Referrals
<input type="radio"/>	Plastic Surgery, Head and Neck		No	No

Specialty
Plastic Surgery, Head and Neck

Other Emphasis
Select

Pediatric Emphasis
☐

Accepting Referrals
☐

Last Update Date
02/23/2004

Last Update By
ASHIDA,EMI

New Save Undo

6.3 How to Find the Level of Service for an Inpatient Hospital

Notes

1. Search for an inpatient hospital by following the steps in Section 4.1 How to Find a Provider (in General) in CMS Net Web.
2. Click the selection (the provider's name displayed in blue) in the List of Search Results.
3. The Provider Details for the hospital will appear.
4. Click the "Hospital" tab.

Authorization Provider Formulary Procedure Code Administration Reports			
HSP30686F - KAISER FOUNDATION HOSP			
Provider	SCC Association	PSU Mgmt	Hospital
Details			
Provider Name:	KAISER FOUNDATION HOSP		Provider ID: HSP30686F
Provider Type:	COMMUNITY INPATIENT HOSPITAL		
Phone Number:	(714) 785-4600	Ext:	
Date Added:	11/17/1989	County:	Riverside
SSN:		Application Date:	11/17/1989
License:		FEI No:	
Reject Reason:		License Date:	
Indicators:	<input type="checkbox"/> Group <input type="checkbox"/> Short Doyle Laboratory: Out of State: In State		
Service Address:	10800 MAGNOLIA AVE	Pay Address:	FILE 54602
	RIVERSIDE, CA 92505-3000		LOS ANGELES, CA 90074-4602
Status Information			
Status	Effective Date		
Active	09/28/1989		
Pending	11/17/1989		
Pending	11/17/1989		
Pending	11/17/1989		
Pending	11/17/1989		
Category of Service			
Code	Start Date	End Date	
002	09/28/1989		

5. View the level of service for the inpatient hospital.

Notes

California Home CDHS Home CDHS Comments CDHS Search CDHS Organization Wednesday, April 21, 2004

Children's Medical Services
Caring for Children with Special Medical Needs... Contact Us | Help | Logout

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

HSP30686F KAISER FOUNDATION HOSP

Provider SCC Association PSU Mgmt Paneling Hospital

Hospital Level Type (New)

Hospital Level Type (Old)

Length of Stay: 21 days

Approval Start Date

Approval End Date

Last Update Date: 04/21/2004 Last Update By:

7 Research a SCC

Introduction to Research a SCC

CMS Net Web has information available for you to research service providers. These service providers can be grouped into two categories: Special Care Centers and other medical/hospital/dental providers.

This chapter will describe how to look-up information for a Special Care Center.

Objectives

At the completion of this section, you will be able to:

- View SCC Details
- Print the SCC Bulletin to identify all current SCC team members

7.1 How to Find an SCC in CMS Net Web

1. Access Provider Management by clicking the “Provider” link on the CMS Net Menu Bar.
2. Enter search criteria:
 - Select the Search Category (Special Care Center, in this case).
 - Enter at least one of the following:
 - Enter the Provider Name. This can be the SCC Name.
 - Enter the Provider ID.
For SCCs, the Prov ID has the following format: 7.01.1 where there are two digits in the middle and at least one digit in the third location.
 - Select Special Care Center Type (applies to Special Care Centers only)
 - Select County (applies to all search categories)
3. Click the “Search” button.

The screenshot shows the 'Search Providers' form in the CMS Net Web. At the top, there is a navigation bar with links: California Home, CDHS Home, CDHS Comments, CDHS Search, and CDHS Organization. The date 'Sunday, April 25, 2004' is displayed on the right. Below this is the 'Children's Medical Services' header with the tagline 'Caring for Children with Special Medical Needs...' and links for Contact Us, Help, and Logout. A secondary navigation bar includes links for Authorization, Provider, Formulary, Procedure Code, Administration, and Reports. The main section is titled 'Search - Providers' and shows a date '27 --- 02/25/2004'. A note states 'Required fields are marked in *'. The form is titled 'SEARCH PROVIDER' and contains the following fields:

- Search Category ***: Radio buttons for 'Hospital / Medical Provider', 'Special Care Centers' (selected), and 'Dental Provider'.
- Provider Name**: A text input field.
- Provider ID**: A text input field.
- Specialty/Allied Health**: A dropdown menu with 'Select' as the current value.
- Special Care Center Type**: A dropdown menu with 'Cardiac Centers' selected.
- County**: A dropdown menu with 'Los Angeles' selected.
- Provider Type**: A dropdown menu with 'Select' as the current value.
- Accepting Referrals**: A checkbox.

 At the bottom of the form are two buttons: 'Search' and 'Clear'. Annotations include a yellow box with '1.' pointing to the 'Special Care Centers' radio button, and a yellow box with '2.' with two arrows pointing to the 'Special Care Center Type' and 'County' dropdown menus. The 'Search' button is circled with a black line.

4. Click on the link (blue underlined name) of your selection.

5. If additional matches are supplied, view them on the next page by:

Clicking the “Next Records” link OR clicking the “Prev Records” link.

Notes

California Home CDHS Home CDHS Comments CDHS Search CDHS Organization Sunday, April 25, 2004

Children's Medical Services

Caring for Children with Special Medical Needs...

Contact Us | Help | Logout

Authorization | **Provider** | Formulary | Procedure Code | Administration | Reports

List of Providers

Provider Name	Provider ID	Status	Service Address	County	Paneled
CARDIAC CENTER - MILLER					
CHILDREN'S AT LONG BEACH	7.0023	N/A	2801 Atlantic Avenue P.O. Box 1428 Long Beach CA 90801142890801-1428	Los Angeles	

1-1 out of 1 Matching Records

7.2 How to View SCC Details in CMS Net Web

Notes

1. View SCC Details

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

7.02.8 CARDIAC CENTER - MILLER CHILDREN'S AT LONG BEACH MEMORIAL, LONG BEACH MEM MED CTR

SCC Details | Provider Team | Non PMF Provider | Bulletin

Required fields are marked in *

SCC IP or O/P * ☐ Inpatient SCC ☒ Outpatient SCC

SCC Type * Cardiac Centers Hearing & Speech

SCC ID 7.02.8

Center Name * CARDIAC CENTER - MILLER CHILDREN'S AT LONG

Hospital Name * LONG BEACH MEM MED CTR

County * Los Angeles Regional Office *

Satellite SCC Name

Satellite Hospital Name

HRIF ☐ Arranged HRIF at Other ☐

☒ CCS ☒ GHPP

Minimum Age: Maximum Age:

Appointment Contact Information

Last Name * Resnick First Name * Debra Middle Initial

Credentials R.N., C.N.S.

Title Cardiac Coordinator

Facility

Address * 2801 Atlantic Avenue
P.O. Box 1428

City * Long Beach State * CA Zip * 90801 - 1428

Phone Number * 5629333350 Ext Fax 5629333359 Email

Send Authorizations

Last Name * Swenson First Name * Richard Middle Initial E

Credentials M.D.

Title Medical Director

Facility

Address * 2801 Atlantic Avenue

City * Long Beach State * CA Zip * 90801 - 1428

Phone Ext Fax Email

Send Authorizations

Last Name First Name Middle Initial

Credentials

Title

Facility

Address

City State CA Zip -

Phone Ext Fax Email

Approval Information

Comments

Date Approved * Jan 1 1999 End Date Mon Day Year

SCC Approval Type Review Date

Updated By WHITAKER,LAVORRA Update Date 04/25/2004

7.3 How to Print the SCC Bulletin

Notes

1. Click the “Bulletin” link on the SCC Details tab.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

7.02.8 CARDIAC CENTER - MILLER CHILDREN'S AT LONG BEACH MEMORIAL, LONG BEACH MEM MED CTR

SCC Details | Provider Team | Non PMF Provider | **Bulletin**

Required fields are marked in *

SCC IP or O/P * ☐ Inpatient SCC ☒ Outpatient SCC

SCC Type * Cardiac Centers Hearing & Speech Select

SCC ID 7.02.8

Center Name * CARDIAC CENTER - MILLER CHILDREN'S AT LONG

Hospital Name * LONG BEACH MEM MED CTR

County * Los Angeles Regional Office *

Satellite SCC Name

Satellite Hospital Name

HRIF ☐ Arranged HRIF at Other ☐

☒ CCS ☒ GHPP

Minimum Age: Maximum Age:

2. View the Bulletin

Notes

Children Medical Services - Microsoft Internet Explorer provided by Deloitte Con...

File Edit View Favorites Tools Help Google >

Department Of Health Services
Children's Medical Services (CMS)
MS 8100
P.O.Box 997413
Sacramento, CA 95899-7413
(916) 322-8702

LONG BEACH MEM MED CTR
CARDIAC CENTER - MILLER CHILDREN'S AT LONG BEACH MEMOR

LONG BEACH MEM MED CTR
2801 ATLANTIC AVE
LONG BEACH, CA 90806-1737
(852) 933-8001
County: Los Angeles

☒ CCS ☒ GHPP Min Age: Max Age:

For Appointments Contact:
Resnick, Debra , Cardiac Coordinator
2801 Atlantic Avenue
P.O. Box 1428
Long Beach, CA 90801-1428
(562) 933-3350

For Authorizations Contact:
Swensson, Richard E, Medical Director
2801 Atlantic Avenue
Long Beach, CA 90801-1428

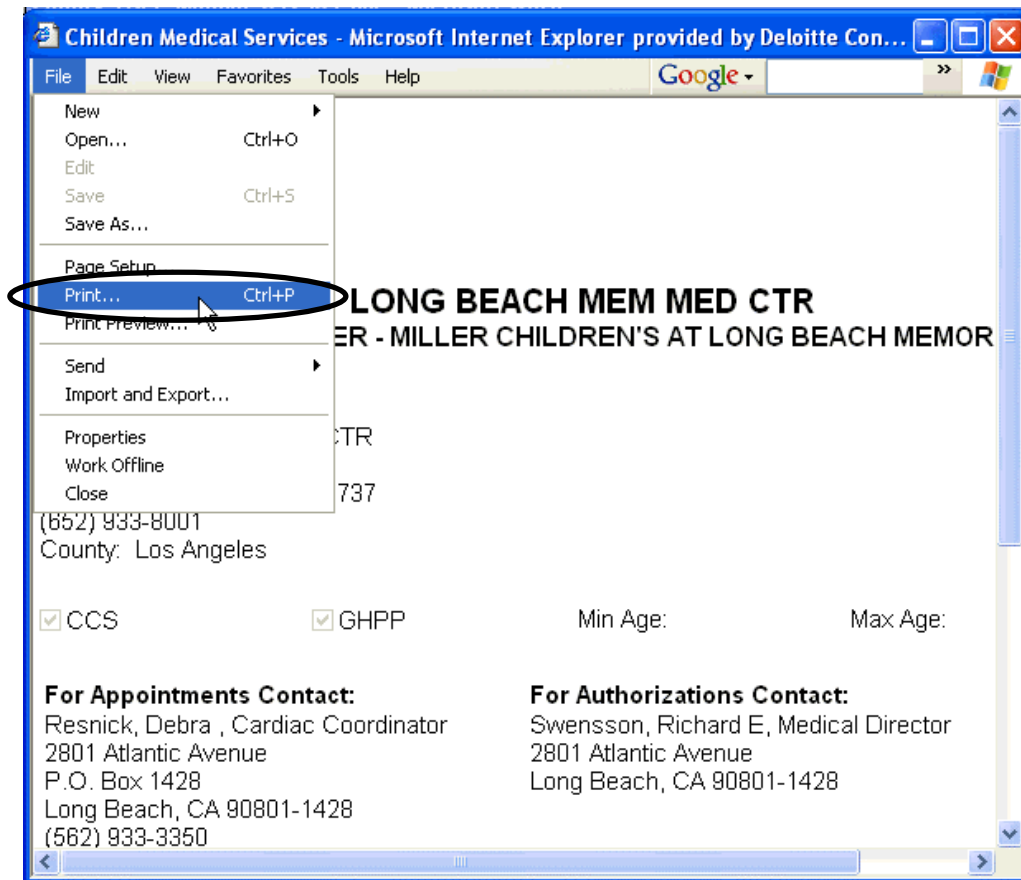


Send Authorization Addresses for SAR Cover Letters.

SARS with SCC providers will be sent to the "Send Authorization" address of the SCC. The address will automatically be inserted into the authorize cover letter.

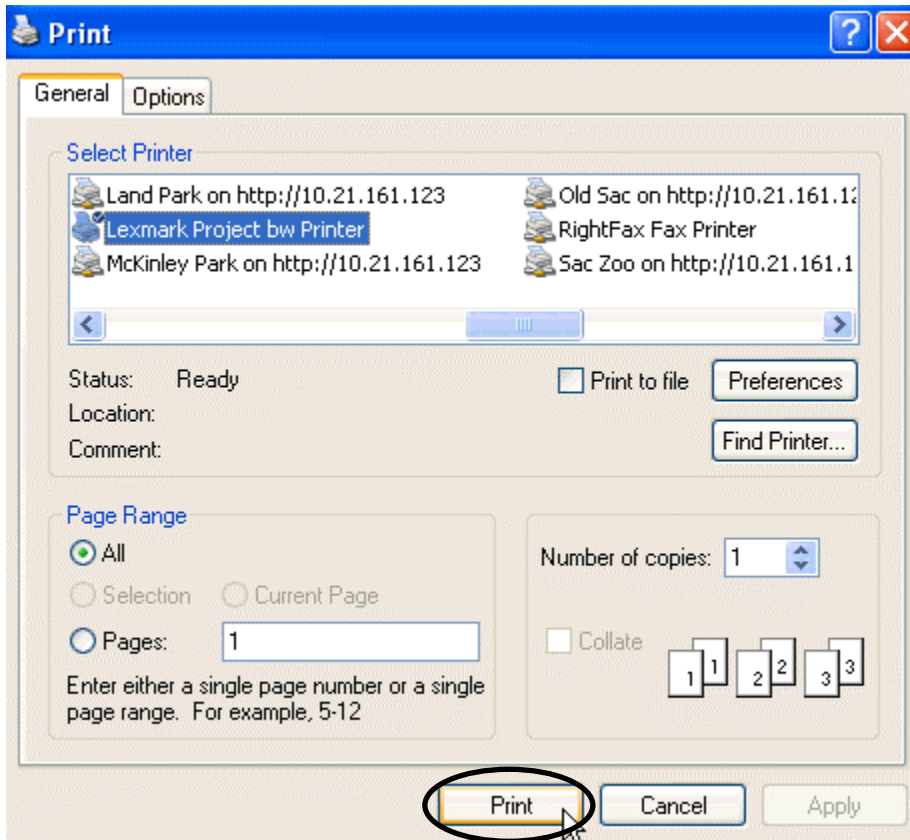
3. To print the Bulletin, select File> Print off the Web browser.

Notes



4. Click "Print" on the Print dialog box.

Notes



8 Procedure Code Inquiry

Introduction to Procedure Code Inquiry

For your reference, CMS Net Web allows users to find medical code and dental code information. To locate this information, click the “Procedure Code” link on the CMS Net Web menu bar.

Objectives

At the completion of this section, you will be able to:

- Find medical code information in CMS Net Web
- Find dental code information in CMS Net Web

8.1 How to Look Up a Medical Code

1. Access Procedure Codes by clicking the “Procedure Code” link on the CMS Net Menu Bar.
2. Click the “Medical” radio button.
3. Enter what you know of the following fields:
 - Medical Code
 - Medical Code Description
4. Click the “Search” button.

Search Tips:



Searching by a “Code” will return matches that *start with* whatever you type in that field.

Example for Service Code Field: “330”

Returns the following matches among others: 33010 – Drainage of Heart Sac, 33011 – Repeat Drainage of Heart Sac, 33015 – Incision of Heart Sac



Searching by a “description,” returns matches that *contain* whatever you type in that field.

Example for Procedure Code Description Field: “Office Visit”

Returns many matches including: “Office Visit, New, Brief,” “Office Visit Limited,” and “PostPartum Follow-Up Office Visit.”

Notes

5. Click on the link (blue underlined procedure code number) of your selection.
 - If additional matches are supplied, view them on the next page by: Clicking the “Next Records” link OR clicking the “Prev Records” link.
 - You may click the “Back” button to return to the Search-Procedure Code page.

Authorization Provider Formulary Procedure Code Administration Reports		
Search Results - List of Medical Codes		
Code	Type	Description
32160	K	OPEN CHEST HEART MASSAGE
33010	K	DRAINAGE OF HEART SAC
33011	K	REPEAT DRAINAGE OF HEART SAC
33016	K	INCISION OF HEART SAC
33020	K	INCISION OF HEART SAC
33026	K	INCISION OF HEART SAC
33030	K	PARTIAL REMOVAL OF HEART SAC
33031	K	PART PERICARD HEART SAC W BYPASS
33036	K	RELEASE OF HEART WALL
33050	K	REMOVAL OF HEART SAC LESION
33100	K	REMOVAL OF HEART SAC
33120	K	REMOVAL OF HEART LESION
33130	K	REMOVAL OF HEART LESION
33140	K	HEART REVASCULARIZE (TMR)
33141	K	HEART TMR W/O THER PROCEDURE
33200	K	INSERTION OF HEART PACEMAKER
33201	K	INSERTION OF HEART PACEMAKER
33206	K	INSERTION OF HEART PACEMAKER
33207	K	INSERTION OF HEART PACEMAKER
33208	K	INSERTION OF HEART PACEMAKER
33210	K	INSERTION OF HEART ELECTRODE
33250	K	ABLATE HEART DYSRHYTHM FOCUS
33251	K	ABLATE HEART DYSRHYTHM FOCUS
33300	K	REPAIR OF HEART WOUND
33305	K	REPAIR OF HEART WOUND

Found 1-25 out of 198 Matching Records

[Back](#)

[Next Records>>](#)

Click to view more results

6. View Medical Code details.

- You may click the “Back” button to return to the List of Medical Codes.

Authorization Provider Formulary Procedure Code Administration Reports					
Medical Code					
MEDICAL CODE DETAILS					
Code Number:	33011	Description:	REPEAT DRAINAGE OF HEART SAC		
Begin Date:	11/01/1987	End Date:		Type:	K
Min Age:	0	Max Age:	99	Gender:	B
Date	P/D				
11/01/1987	0				
Conversion Indicator	Begin Date	End Date	Units	Price on File?	
04	08/01/2000		1.48	Y	
04	08/01/1999	07/31/2000	.7	Y	
04	10/01/1992	07/31/1999	.7	Y	
04	11/01/1987	09/30/1992	.7	Y	

[Back](#)

Field descriptions are provided in CMS Net Web Online Help.

8.2 How to Look Up a Dental Code

1. Access Procedure Codes by clicking the “Procedure Code” link on the CMS Net Menu Bar.
2. Click the “Dental” radio button.
3. Enter what you know of the following fields:
 - o Dental Code
 - o Dental Code Description
4. Click the “Search” button.

Search Tips:



Searching by a “Code” will return matches that *start with* whatever you type in that field.

Example for Service Code Field: "75"

Returns the following matches among others: 757 – Replc Chrome Cobalt Clasp, 756 – Ea Addl Natural Tooth Repl, 753 – Repl Broken Denture Tooth

Search Tips:



Searching by a “description,” returns matches that *contain* whatever you type in that field.

Example for Procedure Code Description Field: "root"

Returns many matches among others: 513 – Root canal, three, 203 – Removal of Residual Root, 530 – Root canal/ apicoectomy

Notes

5. View the dental code information.
6. If additional matches are supplied, view them on the next page by:
Clicking the “Next Records” link OR clicking the “Prev Records” link.
7. You may click the “Back” button to return to the Search-Procedure Code page.

Authorization Provider Formulary Procedure Code Administration Reports				
Search Results - Dental Code				
Procedure Number	Procedure Name	Min Age	Max Age	Max Frequency
756	EA ADDL NATURAL TOOTH REPL	0	99	1
753	REPL BROKEN DENTURE TOOTH	0	99	1
201	EACH ADDITIONAL TOOTH	0	99	1
752	EA ADDL BROKEN DENT TOOTH	0	99	1
792	ADD'L BROKEN DENT TOOTH	0	99	1
275	TRANSPLANT TOOTH OR BUD	0	17	1
755	ADD FIRST TOOTH TO PARTIAL	0	99	1
273	REIMPLANT/STABILIZE TOOTH	0	99	1
793	ADD FIRST TOOTH TO PARTIAL	0	99	1
200	EXTRACTION SINGLE TOOTH	0	99	1
474	GINGIVECTOMY, PER TOOTH	18	99	1
202	SURGICAL REMOVAL OF TOOTH	0	99	1
797	EACH ADDITIONAL TOOTH	0	99	1
754	EACH ADDL TOOTH REPLACED	0	99	1
751	REPAIR BROKEN BASE & TOOTH	0	99	1

Found 1-15 out of 15 Matching Records

[Back](#)

Field descriptions are provided in CMS Net Web Online Help.

9 **Inquiry for Drugs Requiring Authorization and Medical Supplies**

Introduction to Inquiry for Drugs Requiring Authorization and Medical Supplies

For your reference, CMS Net Web allows users to find drugs requiring authorization and medical information. To locate this information, click the “Formulary” link on the CMS Net Web menu bar.

Objectives

At the completion of this section, you will be able to:

- Find drugs requiring authorization in CMS Net Web
- Find medical supplies in CMS Net Web

9.1 How to Look Up Drugs Requiring Authorization

Notes

1. Access Procedure Codes by clicking the “Formulary” link on the CMS Net Menu Bar.

Authorization | Provider | **Formulary** | Procedure Code | Administration | Reports

Search - Service Authorization

☐ BY CLIENT

CCS Number Client Name

Date of Birth Mon Day Year Gender Select

Client Index Number Legal County Select

SSN

☐ BY PROVIDER

☐ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name Provider ID

Service Begin Date Mon Day Year Service End Date Mon Day Year

SAR Status Select

☐ BY SAR NUMBER

SAR Number

2. Click the “Drugs Requiring Authorization” radio button.
3. Enter what you know of the following fields:
 - Code
 - Generic Name
 - Label Name
4. Click the “Search” button.

Notes

Example of searching by Generic Name:

- Acetaminophen
- Somatropin

Example of searching by Label Name:

- Tylenol
- Nutropin

Search Tips:



Searching by a “Code” will return matches that *start with* whatever you type in that field.

Example for Service Code Field: ”4”

Returns many matches among others: 49669370001 – Factor IX Complex Human, 4966410001 – Antihemophilic Factor human, 55087108801 - Somatropin



Searching by a “Generic Name” or “Label Name” returns matches that *contain* whatever you type in that field.

Example for Generic Name or Label Name: “X”

Returns many matches among others: 00023050401 – Botulinum Toxin Type A, 00026062620 – Factor IX Complex Human.

5. View the information on drugs requiring authorization.
6. If additional matches are supplied, view them on the next page by:
Clicking the “Next Records” link OR clicking the “Prev Records” link.
7. You may click the “Back” button to return to the Search-Drugs Requiring Authorization and Medical Supplies page.

Authorization Provider Formulary Procedure Code Administration Reports				
Search Results - List of Drugs Requirng Authorization				
HDC Code	Generic Name	Label Name	Begin Date	End Date
44087000401	SOMATROPIN	SEROSTIM 4MG VIAL	01/01/1998	05/31/2003
44087000407	SOMATROPIN	SEROSTIM 4MG VIAL	09/01/1997	05/31/2003
44087000501	SOMATROPIN	SEROSTIM 5MG VIAL	10/21/1996	05/31/2003
44087000507	SOMATROPIN	SEROSTIM 5MG VIAL	10/21/1996	05/31/2003
44087000601	SOMATROPIN	SEROSTIM 6MG VIAL	10/21/1996	05/31/2003
44087000607	SOMATROPIN	SEROSTIM 6MG VIAL	10/21/1996	05/31/2003
44087100605	SOMATROPIN	SEROSTIM 6MG VIAL	08/01/1995	10/21/1998
Found 1-7 out of 7 Matching Records				
<div>Back</div>				

Field descriptions are provided in CMS Net Web Online Help.

9.2 How to Look Up Medical Supplies

Notes

1. Access Procedure Codes by clicking the “Formulary” link on the CMS Net Menu Bar.

Authorization | Provider | **Formulary** | Procedure Code | Administration | Reports

Search - Service Authorization

☐ **BY CLIENT**

CCS Number Client Name
Date of Birth Mon Day Year Gender Select
Client Index Number Legal County Select
SSN

☐ **BY PROVIDER**

☐ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name find
Service Begin Date Mon Day Year
SAR Status Select
Provider ID find
Service End Date Mon Day Year

☐ **BY SAR NUMBER**

SAR Number
Search Clear

2. Click the “Medical Supplies” radio button.
3. Enter what you know of the following fields:
 - Code
 - Generic Name
 - Label Name
4. Click the “Search” button.

The screenshot shows a web application interface with a blue header bar containing navigation links: Authorization, Provider, Formulary, Procedure Code, Administration, and Reports. Below the header is a blue bar with the text "Search - Drugs Requiring Authorization and Medical Supplies". The main content area has a title "DRUGS REQUIRING AUTHORIZATION AND MEDICAL SUPPLIES INQUIRY". Under this title, there are two radio buttons: "Drugs Requiring Authorization" (unselected) and "Medical Supplies" (selected). Below the radio buttons are three text input fields: "Code", "Generic Name" (containing the text "gauze"), and "Label Name". At the bottom of the form are two red buttons: "Search" and "Clear". A mouse cursor is pointing at the "Search" button.

Field descriptions are provided in CMS Net Web Online Help.

5. View the information on medical supplies.
6. If additional matches are supplied, view them on the next page by:
Clicking the “Next Records” link OR clicking the “Prev Records” link.
7. You may click the “Back” button to return to the Search-Drugs Requiring Authorization and Medical Supplies page.

Notes

Authorization	Provider	Formulary	Procedure Code	Administration	Reports
Search Results - List of Medical Supplies					
Medical Supply Code	Generic Name	Label Name	Begin Date	End Date	
9938CVA	GAUZE PADS,STERILE 2X2 (25'S)	STERILE PADS 2X2	05/01/1997		
9938LVA	GAUZE PADS,STERILE 3X3 (25'S)	STERILE PADS 3X3	05/01/1997		
9938MYA	GAUZE PADS,STERILE 4X4 (25')	STERILE PADS 4X4	05/01/1997		
Found 1-3 out of 3 Matching Records					
<div>Back</div>					

10 Business Rules for CMS Net Web

Business Rules for CMS Net Web

For your reference, the business rules are consolidated in this section of the user guide. These business rules summarize the guidelines for CMS Net Web.

Business Rules for CMS Net Web

Provider

#	Business Rule
Paneling	
1.	For physicians, specialty values will be provided in the Specialty field. For other provider types, allied health values will be provided in the Allied Health field.
2.	Depending on the value selected for the Specialty/Allied Health drop-down, the Other Emphasis values that apply to the Specialty/Allied Health appear in the drop-down.
3.	Duplicate entries of a Specialty/Allied Health will not be accepted.
4.	An individual provider may have multiple provider IDs. Specialty changes on the Paneling tab for one of the provider IDs will automatically update the specialty records for the other provider IDs in CMS Net Web.
Hospital	
1.	CMS Net Web will store the approval information according to either the old or the new standard, but not both standards for the same hospital at the same time.
SCC Details	
1.	<p>The following SCC Types are available for Inpatient SCCs:</p> <ul style="list-style-type: none"> • 7.12 – Regional Neonatal Intensive Care Unit • 7.13 – Community Neonatal Intensive Care Unit • 7.14 – Intermediate Neonatal Intensive Care Unit • 7.25 – Pediatric Intensive Care Unit • 7.29 - ECMO • 7.5 – Rehabilitation Centers <p>The hospital level field will display for the approved Inpatient SCC types.</p>
2.	An SCC cannot be created unless it is associated to an approved inpatient hospital.
3.	<p>For SCC 7.12 – Regional Neonatal Intensive Care Unit, 7.13 – Community Neonatal Intensive Care Unit, or 7.14 – Intermediate Neonatal Intensive Care Unit, one of the following HRIF services must be specified:</p> <p><input checked="" type="checkbox"/> HRIF (NICU has an approved HRIF) Arranged HRIF __ (specify hospital in the text field) _____ <input checked="" type="checkbox"/> Other (then specify the HRIF facility in the Comments field)</p>
4.	For SCC 7.06 - Speech & Hearing Centers, the Hearing and Speech drop-down is required. For all other SCC Types, the Hearing and Speech drop-down is disabled.

#	Business Rule
5.	Either the CCS or the GHPP check boxes (or both) must be checked.
6.	If the SCC Approval Type is conditional or provisional, a Review Date must be entered.
SCC Association	
1.	A provider can have associations to many different SCCs.
2.	A provider may be associated to the same SCC several times (if he/she is a member of different teams).
3.	CMS Net Web will end-date the provider's association with SCCs once all of the provider's paneling expires according to the PSU Mgmt tab.

Service Authorization Request (SAR)

#	Business Rule
Enter SAR	
1.	<p>The list of Category values that require state approval are:</p> <ul style="list-style-type: none"> • Baclofen Pump (Non-EPSTD-T-SS) • Botulinum Toxin (Non-EPSTD-T-SS) • CoaguCheck Sys-Prothrombin Time Self-Testing Sys • Cochlear Implant Pre-Evaluation • Cochlear Implant Surgery and/or Follow-up Services • Diaphragmatic Pacers • Eye Prostheses which include Part of the Face • FM Sys/Assistive Hearing Devices Related Equipment • FM System/Assistive Hearing Devices • Medical Foods • Medical Nutrition Therapy not covered by a SCC • Miscellaneous Non-Benefit Items • New Treatment Modalities and Interventions • Non-Benefit DME • Non-Benefit Eyewear • Non-Benefit Hearing Aids • Non-Benefit Hearing Aids Related Equipment • Non-Benefit Pulmonary Devices • Non-Benefit Radiology Services • Occupational Therapy Beyond Benefit Limitation • Other Audiology Surgically Implanted Devices

#	Business Rule
	<ul style="list-style-type: none"> • Skilled Nursing Services other than IHO • Selective Posterior Rhizotomy (Non-EPSDT-SS) • Speech Pathology Services Beyond Benefit Limitations • Vagal Nerve Stimulator (Non-EPSDT-SS) • Wheelchair Lifts <p>If the SAR is entered with one of these categories, the status will change to <u>Request-Approval</u> upon submission. A SAR with Request-Approval status cannot be authorized. A user with State Administrator, Regional Office Administrator, or SAR EPSDT-SS security level must update the SAR to Approved-Y or Approved-N status (by selecting “Yes” or “No” for the State Approved option button).</p>
2.	If a SAR is specified as EPSDT-SS or CCS-SS, a category must be selected. The SAR will be Pending if the category selected does not require state approval; otherwise the SAR will have Request-Approval status.
3.	The user must enter units for all medical procedure codes, dental procedure codes, drug codes, and medical supply codes. The units field will default to “1” for a service code groupings.
4.	The user must specify a number of units and quantity for all National Drug Codes (NDC), including diabetic test strips and lancets.
5.	Once a SAR has been entered, the status becomes pending. The SAR can be modified to update procedure codes and service dates. The SAR’s provider cannot be changed. If the incorrect provider was entered, a pending SAR may be denied or deleted.
6.	The Service Request Date is mandatory and must be populated with a date that is on or before today’s date. This field reflects the date that the request for services was received.
Number of Days Rules	
1.	<p>The user must enter a service begin date. For all providers other than Inpatient Hospitals, the user can enter either the service end date or the number of days.</p> <ul style="list-style-type: none"> • If the Number of Days field is left blank, it will be calculated as the Service End Date minus the Service Begin Date • If the Service End Date field is left blank it will be calculated as the Service Begin Date plus the Number of Days • If the user enters both the Service End Date and the Number of Days, these fields must equal the same date.
2.	The Service End Date and Number of Days fields are required when the provider is an Inpatient Hospital.
Service Codes	
1.	The user cannot associate service codes to a service request when the provider is an Inpatient Hospital.
2.	For all providers other than Inpatient Hospitals, the user must select at least one service code before successfully submitting the request.
Authorize/Extend SAR	
Client Rules	
1.	The client must be under 21 years of age during the service period, unless the user has SAR Override, State Administrator, or

#	Business Rule
	Regional Office Administrator security level.
2.	A client who is over 19 years of age cannot be authorized for Malocclusion Orthodontia services unless the user has SAR Override, State Administrator or Regional Office Administrator security level. There are specific dental procedure codes and dental service groups that relate to malocclusion orthodontia services.
3.	The client must have CCS Eligibility during the service period to be issued a SAR. CCS Eligibility is defined as: <ul style="list-style-type: none"> • Eligible Financial Status • Eligible Residential Status • Eligible Client Eligibility Status (CCS aid code assigned)
4.	The client must have a valid program eligibility period during the service period.
5.	The legal county for the SAR is the client's legal county at the beginning of the service period. Only users with SAR County, State Administrator or Regional Office Administrator security level will be allowed to override the county to '59.' This is done by checking the "State Funded" check box on the Enter SAR screen.
6.	If the client currently has private HMO coverage, the client must have a denial of services from the HMO. The user will be prompted with a message regarding the HMO coverage if the HMO plan is listed on the client's insurance screen in CMS Net without a stop date, or a stop date in the future. However, this is only a reminder and the continue button may be selected to authorize the SAR.
7.	Clients with 9M aid codes will have a reporting category of Vendored Therapy. The reporting category cannot be changed and only medical therapy procedure codes can be authorized.
8.	Clients with 9M and 9N aid codes will not be allowed to receive dental SARs.
Service Period Rules	
1.	The SAR service period cannot exceed <u>one year</u> unless the user has SAR Override, State Administrator or Regional Office Administrator security level. Annual reviews must be completed for HRIF and Orthodontia for residential eligibility and the SAR can be extended.
2.	The SAR service period must occur during Client Eligibility Period and Program Eligibility Periods.
3.	Service End Date cannot go beyond the client's 21st birthday or the Program End Date unless the user has SAR Override, State Administrator, or Regional Office security access.
4.	The service period may overlap two or more consecutive Client Eligibility and Program Periods, as long as there is no gap in either of the periods (Eligibility and Program period).
Provider Rules	
1.	Medical and Dental providers must have "Active" status on the Provider Master File during the service period of the SAR.
2.	Providers that require paneling (based on the Provider Type) must be paneled during the service period. Examples of provider types that require paneling are Physicians (26), Occupational Therapists (19), Physical Therapists (25), etc.

#	Business Rule
3.	Special Care Centers and Inpatient Hospitals must be CCS approved before a SAR may be issued.
4.	Only Pharmacy/Pharmacist (provider type 24) may be authorized National Drug Codes (NDC).
5.	If you enter a SAR to a manually entered provider (Non-PMF), you CAN NOT authorize the SAR. You can only deny the request for service.
6.	Requests cannot be authorized to Group Providers. This includes provider types <ul style="list-style-type: none"> • “Group Certified Pediatric Nurse Practitioner and Certified Family Nurse Practitioner” (Provider Type 010), • “Physicians Group” (Provider Type 022) • “Optometric Group” (Provider Type 023) • “LCSW Crossover Provider Only” (Provider Type 034) • “Group Respiratory Care Practitioners” (Provider Type 062)
Number of Days Rules	
1.	The user must enter a service begin date. For all providers other than Inpatient Hospitals, the user can enter either the service end date or the number of days. <ul style="list-style-type: none"> • If the Number of Days field is left blank, it will be calculated as the Service End Date minus the Service Begin Date • If the Service End Date field is left blank, it will be calculated as the Service Begin Date plus the Number of Days If the user enters both the Service End Date and the Number of Days, these fields must equal the same date.
2.	The Number of Days field is required when the provider is an Inpatient Hospital.
3.	The specified number of days for Inpatient Hospital SARs cannot exceed the number of days allowed for the inpatient hospital’s level of service, unless the user has SAR Override, State Administrator or Regional Office Administrator security level.
4.	When extending a SAR, the number of days for all linked authorizations will be considered for Inpatient Hospital SARs. Only users with SAR Override, State Administrator, and Regional Office Administrator will be able to authorize more days than allowed by the hospital’s level of service.
Service Code Rules	
1.	Medical Procedure Codes must be consistent with the Provider’s Category of Service to authorize the SAR. Similarly, the medical Service Group must be allowed for the Provider Type in order to authorize the request.
2.	All service codes have an associated indicator status. All service codes with a Pend or Deny indicator of “D” or “T” will not be authorized, unless the user has SAR Override, State Administrator or Regional Office Administrator security level.
3.	Service codes that have an end date that occurs before the end date on the service request will not be authorized. Only users with SAR Override, State Administrator or Regional Office Administrator security level may authorize a SAR with an end-dated service code.
4.	All Service codes on a SAR must have an associated units entry. Service Code Groupings will always have units of 1.
5.	If an EPSDT-SS SAR contains a service code that does not have a price on file at any point during the service period, a user with

#	Business Rule
	SAR EPSDT-SS or State Administrator security level may enter a <u>negotiated amount</u> .
6.	A service request is considered a duplicate if the following information is the same on another service request: provider, client, service codes, and service period. The user will be prompted with a message that a duplicate SAR exists and the user will be given the opportunity to proceed with the authorization or not.
7.	SARs with a reporting category of Vendored Therapy may only include “Vendored Therapy” codes. These codes are: X4100, X4102, X4104, X4106, X4110, X4112, X4114, X4116, X4118, X4120, X3908, X3910, X3920, X3922, X3926, X3928, X3930, X3932, X3934, X3936.
8.	If a specific NDC code is not found using the “Drugs Requiring Prior Authorization” search, users with SAR Override, State Administrator and Regional Office Administrator security level will be allowed to <u>manually enter an NDC code</u> . This may be used when a client has adverse reactions to generic brand medication and needs to be authorized for a specific Brand name.
9.	Only medical procedure codes for Durable Medical Equipment (DME) and DME accessories allow for a rental or purchase modifier. DO NOT enter these modifiers on any other codes, including Prosthetics and Orthotics.
General Rules	
1.	A user may authorize a SAR for clients associated with their county or regional office during the entire service period.
2.	Only SARs with a status of Pending and Approved-Y SARs may be authorized.
3.	A SAR must have the status of State Approved – Yes (Approved-Y) to authorize the SAR if the service category of the SAR requires state approval.
4.	An authorized service request may be modified if the request has not been sent to the Fiscal Intermediary (FI). Authorized, Cancelled, and Extended Service Requests are sent to the FI’s at 6pm every night.

11 **EPSDT-SS SAR with Negotiated Price that Requires State Approval**

Example of an EPSDT-SS SAR with Negotiated Price that Requires State Approval

There are many different components to SARs. This example illustrates how to enter a SAR that:

- Is an EPSDT-SS SAR
- Is associated with a procedure code with a negotiated price
- Requires state approval

11.1 Find the Client

Notes

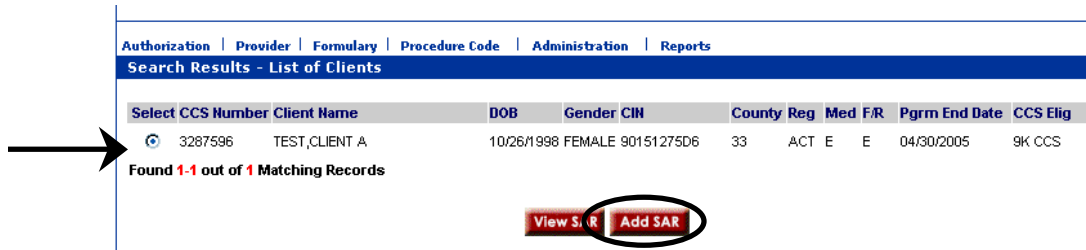
1. Access Service Authorization Request by clicking the “Authorization” link.

2. Enter search criteria in the “By Client” area.
3. Click the “Search” button.

Search by Client, by Provider or by SAR data. These sections are mutually exclusive.

- Click the “Select” radio button for the desired client. If an exact match is found, the option button will be pre-selected.
- Then click the “Add SAR” button.

Notes



Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search Results - List of Clients

Select	CCS Number	Client Name	DOB	Gender	CIN	County	Reg	Med	F/R	Pgrm End Date	CCS Elig
<input checked="" type="radio"/>	3287596	TEST,CLIENT A	10/26/1998	FEMALE	90151275D6	33	ACT	E	E	04/30/2005	9K CCS

Found 1-1 out of 1 Matching Records

[View S.R.](#) [Add SAR](#)

11.2 Select the Provider for the SAR

1. Click the “Hospital/Medical Provider” radio button.
2. Enter provider search information.
3. Click the “Search” button.

Notes

In this example, search for the provider by Provider Number.

Authorization | **Provider** | Formulary | Procedure Code | Administration | Reports

Search - Providers

Required fields are marked in *

SEARCH PROVIDER

Search Category * ☒ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name Provider ID

Specialty/Allied Health

Special Care Center Type

County

Provider Type

Search **Clear**

4. Click on the link (blue underlined name of your selection).
OR
5. You may enter the provider information manually in the grayed section in order to enter a PENDING SAR to print as an attachment to the EPS provider application. Note: If the provider is manually entered, you will not be allowed to AUTHORIZE the SAR.
6. Click the “Continue” button.

Authorization | **Provider** | Formulary | Procedure Code | Administration | Reports

List of Providers

Provider Name	Provider ID	Status	Service Address	County	Paneled
<u>CALIFORNIA MEDICAL PHCY</u>	PHA124140	Active	2201 W TEMPLE ST, LOS ANGELES, CA, 90026-4917	Los Angeles	

4 of 1 Matching Records

Provider Name *

Address 1 *

City *

State *

☒ Medical / Hospital ☐ Special Care Centers ☐ Dental

Address 2

County *

Zip *

Continue **Clear** **Back**



SARs cannot be issued to group providers, such as Group Certified Family/ Pediatric Nurse Practitioners, Physicians Groups, Group Optometrists, Speech Therapy Groups, Medicare Crossover Provider Only, and Group Respiratory Care Practitioners. You must authorize the provider’s individual or (rendering) provider ID number.

11.3 Enter SAR Information

1. Enter SAR Information.
2. Click the “Add Services” button to search for service codes.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Enter SAR

CLIENT A TEST, 3287596

Required fields are marked in *

CLIENT INFORMATION					
Client Name:	CLIENT A TEST	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3287596	Med Elig Status:	ELIGIBLE	Application Status:	NO ACTION
Date of Birth:	10/26/1998	Diagnostic Only:	NO	PSA Status:	NOT REQUIRED
CIN:	90151275D6	CCS Elig Status:	9K CCS	Program Begin Date:	05/01/2004
Gender:	FEMALE	County:	RIVERSIDE	Program End Date:	04/30/2005

PROVIDER INFORMATION	
Provider Name:	CALIFORNIA MEDICAL PHCY
Address:	2201 W TEMPLE ST, LOS ANGELES, CA, 90026-4917
Provider Number:	PHA124140
County:	Los Angeles

SAR INFORMATION	
SAR Number	SAR Status
Service Begin Date *	Service End Date
Service Request Date *	Number of Days
EPSTD-SS <input checked="" type="checkbox"/>	Category
CCS SS <input type="checkbox"/>	
Primary Diagnosis *	
Secondary Diagnosis	

SERVICE CODE INFORMATION									
Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount

SPECIAL INSTRUCTIONS	

Add Services **Submit** **Undo**

The following items Require State Approval:

- Aural Rehabilitation
- CoaguCheck Sys-Prothrombin Time Self-Testing Sys
- Cochlear Implant Pre-Evaluation
- Cochlear Implant Surgery and/or Follow-up Services
- Diaphragmatic Pacers
- Eye Prostheses which include Part of the Face
- FM Sys/Assistive Hearing Devices Related Equipment
- FM System/Assistive Hearing Devices
- Medical Foods
- Medical Nutrition Therapy not covered by a SCC
- Miscellaneous Non-Benefit Items
- New Treatment Modalities and Interventions
- Non-Benefit DME
- Non-Benefit Eyewear
- Non-Benefit Hearing Aids
- Non-Benefit Pulmonary Devices
- Non-Benefit Radiology Services
- Occupational Therapy Beyond Benefit Limitation
- Other Audiology Surgically Implanted Devices
- Skilled Nursing Services other than IHO-Requires State Approval
- Speech Pathology Services Beyond Benefit Limitations
- Wheelchair Lifts

This is an EPSTD-SS SAR, this checkbox needs to be checked.

Client must have Medi-Cal Full Scope with NO Share of Cost.



The item/service selected from the *Category* drop down will determine if the SAR will require State Approval or may be authorized locally at the county. Please be careful with your selection.

11.4 Search for Services for Procedure Code

1. Select the radio button for the appropriate service code: procedure code, service grouping, drugs requiring specific authorization, and medical supplies.
2. Enter search criteria for one of the following: procedure code, service grouping, drugs requiring specific authorization, or medical supplies.
3. Click the “Search” button.

Notes

In this example, we will search for a procedure code for unlisted EPSDT services (in this case, Medical Foods)

1.

Provider | Formulary | Procedure Code | Administration | Reports

Service Code

PROCEDURE CODE

Service Code: Z5999

Description:

SERVICE GROUPING

Service Group:

Description:

DRUGS REQUIRING SPECIFIC AUTHORIZATION

NDC:

Generic Drug Name:

Label Drug Name:

MEDICAL SUPPLIES

Medical Supply Code:

Generic Name:

Label Name:

Search Clear

2.

Search Tips:



Searching by a “Code” will return matches that *start with* whatever you type in that field.

Example for Service Code Field: “330”

Returns many matches among others: 33010 – Drainage of Heart Sac, 33011 – Repeat Drainage of Heart Sac, 33015 – Incision of Heart Sac



Searching by a “description,” returns matches that *contain* whatever you type in that field.

Example for Procedure Code Description Field: “Office Visit”

Returns many matches including: “Office Visit, New, Brief,” “Office Visit Limited,” and “PostPartum Follow-Up Office Visit.”

11.5 Select Services for Procedure Code

1. Check the appropriate service(s) for the SAR. If an exact match is found, the check box will be pre-selected.
2. Click the “Continue” button.

California Home CDHS Home CDHS Comments CDHS Search CDHS Organization Thursday, May 6, 2004

Children's Medical Services
Caring for Children with Special Medical Needs...

Contact Us | Help | Logout

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search - Select Services

Select Service Code	Type	Service Description
<input checked="" type="checkbox"/> Z5999	1	EPSDT SERVICES-UNLISTED/SUPPLEMENTAL SVS

Found 1-1 out of 1 Matching Records

Back Continue

Field descriptions are provided in CMS Net Web Online Help.

11.6 Specify Service Code Information

- For each service code that appears on the SAR:
 - Check the “Remove” indicator if it was entered erroneously.
 - Select a Modifier for the Service Code (rental or purchase) if appropriate.
 - Enter Units. Required entry: The total number of times a procedure or service is requested.
 - Enter Quantity. Only for NDC drug or medical supply codes. Enter the total number of tablets, capsules, volume of liquid (in mls) or quantity of ointments/creams (in grams).
 - Enter Amount for Negotiated Pricing
 - Click the “**Submit**” button to save the SAR. The status of the SAR will be “Request Approval.” The user will be taken to the Narrative.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Enter SAR

CLIENT A TEST, 3287596

Required fields are marked in *

CLIENT INFORMATION

Client Name:	CLIENT A TEST	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3287596	Med Elig Status:	ELIGIBLE	Application Status:	NO ACTION
Date of Birth:	10/26/1998	Diagnostic Only:	NO	PSA Status:	NOT REQUIRED
CIN:	90151275D6	CCS Elig Status:	9K CCS	Program Begin Date:	05/01/2004
Gender:	FEMALE	County:	RIVERSIDE	Program End Date:	04/30/2005

PROVIDER INFORMATION

Provider Name:	CALIFORNIA MEDICAL PHCY	Provider Number:	PHA124140
Address:	2201 W TEMPLE ST, LOS ANGELES, CA, 90026-4917	County:	Los Angeles

SAR INFORMATION

SAR Number: [] SAR Status: []

Service Begin Date: Jul 1 2004 Service End Date: Dec 31 2004

Service Request Date: Jul 1 2004 Number of Days: []

EPSDT-SS: ☒ Category: Medical Foods

CCS SS: ☐

Primary Diagnosis: 343.9 INFANTILE CEREBRAL PALSY, UNSPECIFIED **find**

Secondary Diagnosis: 270.6 DISORDERS OF UREA CYCLE METABOLISM **find**

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	Z5999	NU RP RR	1		EPSDT SERVICES- UNLISTED/SUPPLEMENTAL SVS		47		296.19

SPECIAL INSTRUCTIONS

THE FOLLOWING MEDICAL FOOD PRODUCTS ARE AUTHORIZED
ITEM#2764-DP LOW PROTEIN WHEAT STARCH-ONE BAG (4#/BAG) -
\$11.44.

Add Services Submit Undo

Notes

An example where 47 individual products billed with the same service code are authorized.

Negotiated Price: “Amount” is available only for EPSDT-SS SARs and for individuals with EPSDT-SS or State Administrator security roles.

A price may only be entered if there is **no price** on the procedure master file for the item/service.

The State Approver will enter the negotiated amount, in this example, \$296.19. The **total amount** that the user enters must cover the **TOTAL COST** for ALL OF THE UNITS listed.

Enter Special Instructions listing all products descriptions authorized.

11.7 Click “Submit” to Complete SAR Entry

Notes

1. Perform one of the following actions:

- The SAR number will begin with a pre-fix of ‘91’ indicating EPSDT-SS SAR and the status of the SAR will be “Request-Approval.” Note that once the SAR is in Request-Approval status, only those with EPSDT-SS security or System Administrator security may modify or authorize the SAR. The user will be taken to the Narrative.

Narrative

CLIENT A TEST, 3287596

REQUEST-APPROVAL, SAR ID 91000051423

CLIENT INFORMATION							
Client Name:	CLIENT A TEST	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE		
CCS Number:	3287596	Med Elig Status:	ELIGIBLE	Application Status:	NO ACTION		
DOB:	10/26/1998	Diagnostic Only:	NO	PSA Status:	NOT REQUIRED		
CIIN:	90151275D6	CCS Elig Status:	9K CCS	Program Begin Date:	05/01/2004		
Gender:	FEMALE	County:	RIVERSIDE	Program End Date:	04/30/2005		

NARRATIVE INFORMATION							
Narrative Date:	12/31/2004						
General Topic:	Service Authorization #91000051423, Status: Request-Approval						
User:	MCCARLEY,TRACI						
Provider:	CALIFORNIA MEDICAL PHCY						
Service Period:	07/01/2004 thru 12/31/2004						
Provider Type:	PHARMACIES/PHARMACISTS						
Distribution:							

ADDITIONAL INFORMATION								
Service Code	Type	Modifier	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
Z5999	1			EPSDT SERVICES-UNLISTED/SUPPLEMENTAL SVS		47		296.19

NARRATIVE TEXT
Request from California Medical Pharmacy to provide Medical Foods to Test Client. Medical foods require State approval, request to State EPSDT-SS coordinator for review/approval.

11.8 EPSDT-SS Approver Searches for the Request Approve SAR

1. Search for the SAR and view the details on View SAR Details.
2. Click the “Modify” tab

View SAR

CLIENT A TEST, 3287596				REQUEST-APPROVAL, SAR ID 91000051423			
Authorize	Deny	Cancel	Modify	Extend	Delete	Print	
CLIENT INFORMATION							
Client Name:	CLIENT A TEST	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE		
CCS Number:	3287596	Med Elig Status:	ELIGIBLE	Application Status:	NO ACTION		
DOB:	10/26/1998	Diagnostic Only:	NO	PSA Status:	NOT REQUIRED		
CIN:	90151275D6	CCS Elig Status:	9K CCS	Program Begin Date:	05/01/2004		
Gender:	FEMALE	County:	RIVERSIDE	Program End Date:	04/30/2005		
PROVIDER INFORMATION							
Provider Name:	CALIFORNIA MEDICAL PHCY			Provider Number:	PHA124140		
Address:	2201 W TEMPLE ST, LOS ANGELES, CA, 90026-4917			County:	LOS ANGELES		
SAR INFORMATION							
SAR Number:	91000051423	Request Date:	07/01/2004				
Service Begin Date:	07/01/2004	Service End Date:	12/31/2004				
No Of Days:	184	State Funded:	N				
EPSDT-SS:	Y	CCS-SS:	N				
State Approved Category:	MEDICAL FOODS						
Primary Diagnosis:	343.9 INFANTILE CEREBRAL PALSY, UNSPECIFIED						
Secondary Diagnosis:	270.6 DISORDERS OF UREA CYCLE METABOLISM						
SERVICE REQUEST AUTHORIZATION							
Service Code	Type	Modifier	Alternate Code	Service Description	Alternate Description	Units	Quantity Amount
Z5999	1			EPSDT SERVICES-UNLISTED/SUPPLEMENTAL SVS		47	296.19
AUTHORIZATION DETAILS							
Date:	Authorized By:			Reporting Category:			
<p>THE FOLLOWING MEDICAL FOOD PRODUCTS ARE AUTHORIZED ITEM#2764-DP LOW PROTEIN WHEAT STARCH-ONE BAG (4#BAG)-\$11.44.-----#2708-DP LOW PROTEIN BAKING MIX-ONE BAG (4#BAG)-\$13.86.-----#2597-DS SPANISH RICE-TWELVE PKGS (4/12-2.4 OZ PKG/CS)-\$33.35.-----#2508-DS SHORT CUT SPAGHETTI-ONE BAG (6-17.6 OZ BAGS/CS)-\$11.60.-----#2519-DS IMITATION RICE-ONE BOX (6-17.6 OZ BOXES/CS)-\$11.60.-----#2552-DS TRI COLOR ALPHABETS-ONE BOX (6-17.6 OZ BOXES/CS)-\$12.02.-----#2576-DS PORRIDGE-ONE BOX (6-17.6 OZ BOXES/CS)-\$13.44.-----#1463-DS CHEESE FLAVORED SAUCE MIX-ONE JAR (12-5.3 OZ JARS/CS)-\$8.76.-----#1421 DS TOMATO FLAVORED SAUCE MIX-TWO JARS (12-9.9 OZ JARS/CS)-\$17.52.-----#1472 DS VANCE'S DARI FREE BEVERAGE MIX-ONE CARTON (6-12 OZ CARTONS/CS)-\$14.19.-----#1466-DS PEANUT BUTTER FLAVORED SPREAD-ONE JAR (4-16 OZ JARS/CS)-\$9.89.-----#2241601342-CLEAR CHICKEN BROTH-FIVE PKTS (200-3.4 GM PKTS/CS)-\$2.05.-----#40102 CBF PLAIN BAGELS-ONE BAG (30-16.3 OZ BAGS/CS)(FIVE BAGELS/BAG)-\$11.25.-----#10306-CBF PLAIN CREAM CHEESE-ONE TUB (8OZ/TUB)-\$9.84.-----#40401 CBF CREAMY GARLIC/BROC RICE-IND-THREE BAGS (24-4.4 OZ BAGS/CS)-\$27.75.-----#10802 CBF ALFREDO SAUCE MIX-ONE JAR (7OZ/JAR)-\$14.18.-----#40406 CBF MAC N CHEESE-TWO BAGS (24-7OZ BAGS/CS)-\$18.50.-----#40401 CBF ELBOW PASTA-ONE BAG (24-18OZ BAGS/CS)-\$12.50.-----#40110 CBF HOME STYLE SL WHITE BREAD-ONE LOAF (20-28OZ LOAVES/CS)(16 SLICES/LOAF)-\$14.80.-----#2342 DS GRAHAM CRACKER COOKIES-ONE BOX (6-15.2OZ BOXES/CS)-\$8.12.-----#2313 DP CHOCOLATE CHIP COOKIES-ONE BOX (6-6 OZ BOXES/CS)-\$4.09.-----#2382 DS CINNAMON TEA COOKIES-ONE BOX (6-4.4OZ BOXES/CS)-\$6.68.-----#270041182 HUNT'S LEMON PUDDING CUP-TWO CUPS (48 CUPS/CS)-\$1.60.-----#5921 PRONP GELLED DESSERT MIX-FOUR PKGS (6 BOXES/CS)(12-3 PKGS/BOX)-\$7.16.-----TOTAL UNITS=47-----TOTAL COST \$296.19. MEDICAL FOODS: LIST EACH SPECIFIC FOOD IN THE SPECIAL INSTRUCTIONS SECTION WITH THE FOLLOWING ITEMS: ITEM NUMBER, MEDICAL FOOD PRODUCT NAME, AMOUNT, AND PRICE. MEDICAL FOODS - SPECIFIC INSTRUCTIONS FOR THE PROVIDER: PLEASE SUBMIT THE FOLLOWING WITH YOUR CLAIM: 1. A COPY OF THE CCS AUTHORIZATION; 2. ITEM DESCRIPTION; 3. INVOICE. REAUTHORIZATION INSTRUCTIONS: IF REAUTHORIZATION IS TO BE REQUESTED, PLEASE INSTRUCT THE PROVIDER TO SUBMIT THE FOLLOWING ONE MONTH BEFORE AUTHORIZATION EXPIRES: 1. A WRITTEN PRESCRIPTION SIGNED BY A CCS PANELED PHYSICIAN FOR LOW PROTEIN FOODS OR OTHER SPECIFIC MEDICAL FOODS, INCLUDING SPECIFIC QUANTITY AND VENDOR PRICE OF EACH MEDICAL FOOD REQUESTED; 2. SNACK FOODS ARE NOT TO EXCEED 10 PERCENT OF THE TOTAL PRICE; 3. A COPY OF THE CURRENT, WITHIN THE LAST SIX MONTHS, NUTRITIONAL ASSESSMENT AND TREATMENT PLAN BY THE CCS PANELED REGISTERED DIETITIAN (RD) THAT INCLUDES THE NUMBER OF PHENYLALANINE EXCHANGES FROM LOW PROTEIN FOODS FOR PKU REQUESTS. THE CENTER RD MUST SEE THE CCS CLIENT EVERY SIX MONTHS; 4. CURRENT MEDICAL HISTORY AND CENTER EVALUATION, WITHIN THE LAST SIX MONTHS, THAT INCLUDES DIAGNOSIS AND MEDICAL CONDITIONS; 5. DOCUMENTATION THAT THE MEDICAL FOOD IS SPECIALLY FORMULATED AND NECESSARY FOR THE SPECIFIC DIETARY MANAGEMENT OF A DISEASE OR CONDITION FOR WHICH SPECIFIC NUTRITIONAL REQUIREMENTS EXIST. MISCELLANEOUS CODE Z5999 NON- DME. FOR THIS 'BY-REPORT' CODE PLEASE SUBMIT THE FOLLOWING ITEMS: 1. A COPY OF THE CCS AUTHORIZATION; 2. MEDICAL REPORT THAT DESCRIBES THE PROCEDURE, AND OR DETAILED DESCRIPTION AND ITEMIZATION OF THE SERVICES PROVIDED; 3. COST OF THE SERVICE PROVIDED. EPSDT-SS: PROVIDER MUST SUBMIT CLAIMS FOR EPSDT SUPPLEMENTAL SERVICES ON A SEPARATE CLAIM FORM FROM ANY OTHER MEDICAL BENEFIT ITEM/SERVICE. INCLUDE PRICING ATTACHMENT, IF APPROPRIATE.</p>							

11.9 Click “Submit” to Complete SAR Entry

Notes

1. Perform the following actions:
2. On the “Enter SAR” page, the State Approver (user with EPSDT-SS or System Administration security) clicks the “State Approval – Yes” radio button
3. Add the negotiated or agreed upon cost of the item/service
4. Modify the units approved if necessary
5. If appropriate, modify any of the item/services in the Special Instructions
6. Click the “**Submit**” button to save the SAR; the SAR is ready for authorization. The status of the SAR will be “State Approved-YES.” The user will be taken to the Narrative.
7. For directions to authorize the SAR, please refer to the Authorize SAR Physician/Allied Health section of the CMS Net Web Manual.

Enter SAR

CLIENT A TEST, 3287596 **REQUEST-APPROVAL, SAR ID 91000051423**

Required fields are marked in *

CLIENT INFORMATION

Client Name: CLIENT A TEST	F/R Elig: ELIGIBLE	Reg Status: ACTIVE
CCS Number: 3287596	Med Elig Status: ELIGIBLE	Application Status: NO ACTION
Date of Birth: 10/26/1998	Diagnostic Only: NO	PSA Status: NOT REQUIRED
CIN: 90151275D6	CCS Elig Status: 9K CCS	Program Begin Date: 05/01/2004
Gender: FEMALE	County: RIVERSIDE	Program End Date: 04/30/2005

PROVIDER INFORMATION

Provider Name: CALIFORNIA MEDICAL PHCY	Provider Number: PHA124140
Address: 2201 W TEMPLE ST, LOS ANGELES, CA, 90026-4917	County: LOS ANGELES

SAR INFORMATION

SAR Number: 91000051423 SAR Status: REQUEST-APPROVAL

Service Begin Date: 1/2004 Service End Date: Dec/31/2004

Service Request Date: Jul/1/2004 Number of Days: 184

EPSDT-SS: ☒ Category: Medical Foods

CCS-SS: ☐ State Approved: ☒ Yes ☐ No

State Funded: ☐

Primary Diagnosis*: 343.9 INFANTILE CEREBRAL PALSY, UNSPECIFIED **find >**

Secondary Diagnosis: 270.6 DISORDERS OF UREA CYCLE METABOLISM **find >**

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	Z5999	NU RP RR	1		EPSDT SERVICES- UNLISTED/SUPPLEMENTAL SVS		47		296.19

SPECIAL INSTRUCTIONS

THE FOLLOWING MEDICAL FOOD PRODUCTS ARE AUTHORIZED
ITEM#2764-DP LOW PROTEIN WHEAT STARCH-ONE BAG (4#/BAG) -
\$11.44.

Add Services Submit Undo

EPSDT-SS Approver clicks “State Approval – Yes” radio button.

This person must have EPSDT-SS or System Administrator security role.

If No is selected, then the SAR may only be DENIED.

Make sure all the SAR information is correct.

The Service Dates, Diagnosis Codes, Service Codes, Units, Amount and the Special Instructions may be modified.

12 EPSDT-SS SAR Allowing County Approval

Example of an EPSDT-SS SAR for services/items that county staff may approve locally

There are many different components to SARs. This example illustrates how to enter a SAR that:

- Is an EPSDT-SS SAR
- Does not require state approval

12.1 Find the Client

Notes

1. Access Service Authorization Request by clicking the “Authorization” link.

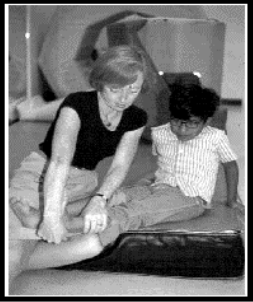
California Home [CDHS Home](#) [CDHS Comments](#) [CDHS Search](#) [CDHS Organization](#) Tuesday, March 23, 2004

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Caring for Children with Special Medical Needs...

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[Authorization](#) | [Provider](#) | [Formulary](#) | [Procedure Code](#) | [Administration](#) | [Reports](#)



Welcome To CMS NET...

Good evening LAVORRA! You last signed on today at 17:46.

2. Enter search criteria in the “By Client” area.
3. Click the “Search” button.

Notes

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search - Service Authorization

BY CLIENT

CCS Number: Client Name:

Date of Birth: Gender:

Client Index Number: Legal County:

SSN:

BY PROVIDER

☐ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name: Provider ID:

Service Begin Date: Service End Date:

SAR Status:

BY SAR NUMBER

SAR Number:

Search by Client, by Provider or by SAR data. These sections are mutually exclusive.

4. Click the “Select” radio button for the desired client. If an exact match is found, the option button will be pre-selected.
5. Then click the “Add SAR” button.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search Results - List of Clients

Select	CCS Number	Client Name	DOB	Gender	CIN	County	Reg	Med	F/R	Pgrm End Date	CCS Elig
<input checked="" type="radio"/>	3287596	TEST, CLIENT A	10/26/1998	FEMALE	90151275D6	33	ACT	E	E	04/30/2005	9K CCS

Found 1-1 out of 1 Matching Records

12.2 Select the Provider for the SAR

1. Click the “Hospital/Medical Provider” radio button.
2. Enter provider search information.
3. Click the “Search” button.

Authorization | **Provider** | Formulary | Procedure Code | Administration | Reports

Search - Providers

Required fields are marked in *

SEARCH PROVIDER

Search Category * ☒ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name Provider ID

Specialty/Allied Health

Special Care Center Type

County

Provider Type

In this example, search for the provider by Provider Number.

4. Click on the link (blue underlined name of your selection).
OR
5. You may enter the provider information manually in the grayed section in order to enter a PENDING SAR to print as an attachment to the EPS provider application. Note: If the provider is manually entered, you will not be allowed to AUTHORIZE the SAR.
6. Click the “Continue” button.

Authorization | **Provider** | Formulary | Procedure Code | Administration | Reports

List of Providers

Provider Name	Provider ID	Status	Service Address	County	Paneled
<u>GENTIVA HEALTH SERVICES</u>	HHA07168F	Active	2020 HURLEY WAY, STE 490, SACRAMENTO, CA, 95825-3214	Sacramento	

1 out of 1 Matching Records

Provider Name *

Address 1 *

City *

State *

☒ Medical / Hospital ☐ Special Care Centers ☐ Dental

Address 2

County *

Zip *



SARs cannot be issued to group providers, such as Group Certified Family/ Pediatric Nurse Practitioners, Physicians Groups, Speech Therapy Groups, Group Optometrists, Medicare Crossover Provider Only, and Group Respiratory Care Practitioners. You must authorize the provider’s individual or (rendering) provider ID number.

12.3 Enter SAR Information

1. Enter SAR Information.
2. Click the “Add Services” button to search for service codes.

Enter SAR

CLIENT A TEST, 3287596

Required fields are marked in *

CLIENT INFORMATION					
Client Name:	CLIENT A TEST	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3287596	Med Elig Status:	ELIGIBLE	Application Status:	NO ACTION
Date of Birth:	10/26/1998	Diagnostic Only:	NO	PSA Status:	NOT REQUIRED
CIN:	90151275D6	CCS Elig Status:	9K CCS	Program Begin Date:	05/01/2004
Gender:	FEMALE	County:	RIVERSIDE	Program End Date:	04/30/2005

PROVIDER INFORMATION	
Provider Name:	GENTIVA HEALTH SERVICES
Address:	2020 HURLEY WAY, STE 490, SACRAMENTO, CA, 95825-3214
Provider Number:	HHA07168F
County:	Sacramento

SAR INFORMATION	
SAR Number	SAR Status
Service Begin Date *	Service End Date
Service Request Date *	Number of Days
EPSDT-SS	Category
CCS SS	
Primary Diagnosis *	
Secondary Diagnosis	

SERVICE CODE INFORMATION						
Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description

SPECIAL INSTRUCTIONS	

Add Services **Submit** **Undo**

Notes

The following EPSDT-SS items/services **DO NOT REQUIRE** State Approval:

Vendored Physical Therapy
Vendored Occupational Therapy

Non-Benefit Hearing Aid Batteries

Automobile Orthopedic Positioning Devices AOPD

Incontinent Supplies for Children Under Five

Special Care Center Services

Skilled Nursing Services authorized by CCS on behalf of IHO

Annual Cochlear Implant Follow-up Services

This is an EPSDT-SS SAR, this checkbox needs to be checked.

Client must have:
Medi-Cal Full Scope with NO Share of Cost.



The item/service selected from the *Category* drop down will determine if the SAR will require State Approval or may be authorized locally at the county. Please be careful with your selection.

12.4 Search for Services for Procedure Code

1. Select the radio button for the appropriate service code: procedure code, service grouping, drugs requiring specific authorization, and medical supplies.
2. Enter search criteria for one of the following: procedure code, service grouping, drugs requiring specific authorization, or medical supplies.
3. Click the “Search” button.

1.

Provider | Formulary | Procedure Code | Administration | Reports

Service Code

PROCEDURE CODE

Service Code: Z5832 2.

Description:

SERVICE GROUPING

Service Group:

Description:

DRUGS REQUIRING SPECIFIC AUTHORIZATION

NDC:

Generic Drug Name:

Label Drug Name:

MEDICAL SUPPLIES

Medical Supply Code:

Generic Name:

Label Name:

Search Clear

Notes

In this example, we will associate a procedure code for Skilled Nursing Services authorized on behalf of IHO.

Search Tips:



Searching by a “Code” will return matches that *start with* whatever you type in that field.

Example for Service Code Field: “330”

Returns many matches among others: 33010 – Drainage of Heart Sac, 33011 – Repeat Drainage of Heart Sac, 33015 – Incision of Heart Sac



Searching by a “description,” returns matches that *contain* whatever you type in that field.

Example for Procedure Code Description Field: “Office Visit”

Returns many matches including: “Office Visit, New, Brief,” “Office Visit Limited,” and “PostPartum Follow-Up Office Visit.”

12.5 Select Services for Procedure Code

Notes

1. Check the appropriate service(s) for the SAR. If an exact match is found, the check box will be pre-selected.
2. Click the “Continue” button.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports
Search - Select Services

Select	Service Code	Type	Service Description
<input checked="" type="checkbox"/>	Z5832	1	EPSDT REGISTERED NURSE (HHA)

Found 1-1 out of 1 Matching Records



Field descriptions are provided in CMS Net Web Online Help.

12.6 Specify Service Code Information

- For each service code that appears on the SAR:
 - Check the “Remove” indicator if it was entered erroneously.
 - Select a Modifier for the Service Code (rental or purchase) if appropriate.
 - Enter Units. Required entry: The total number of times a procedure or service is requested.
 - Enter Quantity. Only for NDC drug or medical supply codes. Enter the total number of tablets, capsules, volume of liquid (in mls) or quantity of ointments/creams (in grams).
 - NO AMOUNT should be entered for items with a price on file.
 - Click the “**Submit**” button to save the SAR. The status of the SAR will be “Pending.” The user will be taken to the Narrative.

Enter SAR

CLIENT A TEST, 3287596

Required fields are marked in *

CLIENT INFORMATION

Client Name: CLIENT A TEST	F/R Elig: ELIGIBLE	Reg Status: ACTIVE
CCS Number: 3287596	Med Elig Status: ELIGIBLE	Application Status: NO ACTION
Date of Birth: 10/26/1998	Diagnostic Only: NO	PSA Status: NOT REQUIRED
CIN: 90151275D6	CCS Elig Status: 9K CCS	Program Begin Date: 05/01/2004
Gender: FEMALE	County: RIVERSIDE	Program End Date: 04/30/2005

PROVIDER INFORMATION

Provider Name: GENTIVA HEALTH SERVICES	Provider Number: HHA07168F
Address: 2020 HURLEY WAY, STE 490, SACRAMENTO, CA, 95825-3214	County: Sacramento

SAR INFORMATION

SAR Number: SAR Status:

Service Begin Date: Jul 1 2004 Service End Date: Dec 31 2004

Service Request Date: Jul 1 2004 Number of Days:

EPSDT-SS: ☒ Category: Skilled Nursing Services authorized by CCS on behalf of IHO

CCS SS: ☐

Primary Diagnosis: 359.0 CONGENITAL HEREDITARY MUSCULAR DY

Secondary Diagnosis:

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	Z5832	NU RP RR	1		EPSDT REGISTERED NURSE (HHA)		960		

SPECIAL INSTRUCTIONS

Authorized to provide 960 hours of Skilled Nursing.
40 hours per week for 24 weeks.

Notes

An example where 960 hours of Skilled Nursing Visits are being authorized.

Enter Special Instructions listing all services/items authorized.

The following **MUST** be entered on every EPSDT-SS SAR:

“EPSDT-SS: Provider must submit claims for EPSDT-SS on a separate claim from from any other medical benefit item/service. Include pricing attachment, if appropriate”

If appropriate enter:

“A copy of the authorized SAR must be submitted with the claim to EDS”

12.7 Click “Submit” to Complete SAR Entry

Notes

1. Perform one of the following actions:

- The SAR number will begin with a pre-fix of ‘91’ indicating EPSDT-SS SAR and the status of the SAR will be “Pending.” The user will be taken to the Narrative.
- This SAR may be authorized just like any other, please refer to the Authorize SAR Physician/Allied Health section of the CMS Net Web Manual.

Narrative

CLIENT A TEST, 3287596

PENDING, SAR ID 91000051430

CLIENT INFORMATION

Client Name:	CLIENT A TEST	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3287596	Med Elig Status:	ELIGIBLE	Application Status:	NO ACTION
DOB:	10/26/1998	Diagnostic Only:	NO	PSA Status:	NOT REQUIRED
CIN:	90151275D6	CCS Elig Status:	9K CCS	Program Begin Date:	05/01/2004
Gender:	FEMALE	County:	RIVERSIDE	Program End Date:	04/30/2005

NARRATIVE INFORMATION

Narrative Date: 12/31/2004
General Topic: Service Authorization #91000051430, Status: Pending
User: MCCARLEY, TRACI
Provider: GENTIVA HEALTH SERVICES
Service Period: 07/01/2004 thru 12/31/2004
Provider Type: HOME HEALTH AGENCIES
Distribution:

ADDITIONAL INFORMATION

Service Code	Type	Modifier	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
Z5832	1			EPSDT REGISTERED NURSE (HHA)		960		

NARRATIVE TEXT

960 hours of Skilled Nursing Services Authorized on Behalf of IHO. 40 hours per week for 24 weeks.

13 Enter a SAR – Inpatient Hospital

Introduction to Enter a SAR – Inpatient Hospital

This section will describe how to enter a SAR that has an inpatient hospital as the service provider.

When entering a SAR with an inpatient hospital as the service provider, the user will specify the “Number of Days,” but will not associate service codes for this SAR. The SAR will have the client’s name, the inpatient hospital, service date information, and the number of days.

Additional SARs should be authorized for the admitting physician to cover the services that are not included in the Inpatient Hospital SAR. Examples would include surgical procedures and referrals to other physicians.

Objectives

At the completion of this section, you will be able to execute the following functions in CMS Net Web:

- Research Level of Service for an Inpatient Hospital in CMS Net Web
- Enter a SAR with the Inpatient Hospital as the Service Provider
- Specify the Number of Days on the SAR.

13.1 Research the Provider

Notes

1. Access Provider Management by clicking the “Provider” link.

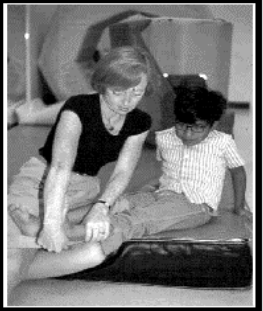
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Welcome To CMS NET...
Good morning EMI! You last signed on today at 10:16.

2. Search for the desired service provider (inpatient hospital).

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Search - Providers -----Dev 27 --- 02/25/2004

Required fields are marked in *

SEARCH PROVIDER

Search Category * ☒ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name Provider ID

Specialty/Allied Health

Special Care Center Type

County

Provider Type

Accepting Referrals

Notes

An example of hospital search criteria.

Click the Search Category radio button "Hospital/ Medical Provider"

Enter hospital name (partial search)

Select County

Click "Search"

3. Select from the list of hospitals by clicking on the blue underlined name (link).

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List of Providers

Provider Name	Provider ID	Status	Service Address	County	Paneled
KAISER FHP, INC	PHA456050	Active	2055 KELLOGG AVE,CORONA,CA,92679-0000	Riverside	
KAISER FND HLTH PLAN	PHA461080	Active	1717 E VISTA CHINO BLVD,STE 2,PALM SPRINGS,CA,92262-3569	Riverside	
KAISER FND HLTH PLN INC	PHA421860	Active	12815 HEACOCK ST,FL 2,MORENO VALLEY,CA,92553-2836	Riverside	
KAISER FNDATION HLTH PLN	PHA461550	Active	79-440 CORPORATE CENTER,STE 106,LA QUINTA,CA,92553-7241	Riverside	
KAISER FOUNDATION HOSP	PHA30686F	Active	10800 MAGNOLIA AVE,RIVERSIDE,CA,92505-3000	Riverside	
KAISER FOUNDATION HOSP	HSP40686F	Active	10800 MAGNOLIA AVE,RIVERSIDE,CA,92505-3000	Riverside	
KAISER FOUNDATION HOSP	PHB356900	Active	10800 MAGNOLIA AVE,RIVERSIDE,CA,92505-3000	Riverside	
KAISER PERM PHCY #506	PHA345440	Active	10800 MAGNOLIA AVE,FL 2,RIVERSIDE,CA,92505-3043	Riverside	
KAISER PERM PHCY #508	PHA376460	Active	12815 HEACOCK ST,MORENO VALLEY,CA,92553-2836	Riverside	
KAISER PERMANENTE PHAR	PHA344440	Active	10800 MAGNOLIA AVE,RIVERSIDE,CA,92505-3043	Riverside	
KAISER PERMANENTE PHARM	PHA434220	Active	36450 INLAND VALLEY DR,WILDOMAR,CA,92595-9583	Riverside	
KAISER PERMANENTE PHARM	PHA438810	Active	10800 MAGNOLIA AVE,RIVERSIDE,CA,92505-3043	Riverside	
KAISER, JOHN E MD	00G246930	Active	1820 FULLERTON AVE,STE 120,CORONA,CA,92681-3100	Riverside	

1-13 out of 13 Matching Records

4. Confirm that the hospital is an inpatient hospital.
5. Click the “Hospital” tab.

Notes

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

HSP30686F - KAISER FOUNDATION HOSP

Provider | SCC Association | PSU Mgmt | Paneling | **Hospital**

Details

Provider Name: KAISER FOUNDATION HOSP	Provider ID: HSP30686F	Last PMF Activity: 09/22/2003
Provider Type: COMMUNITY INPATIENT HOSPITAL		Medicare No: 050686
Phone Number: (714) 785-4600	Ext:	
Date Added: 11/17/1989	County: Riverside	
SSN:	Application Date: 11/17/1989	
License:	FEI No:	
Reject Reason:	License Date:	
Indicators:		
<input type="checkbox"/> Group <input type="checkbox"/> Short Doyle		
Laboratory:		
Out of State: <input type="checkbox"/> In State <input type="checkbox"/>		
Service Address: 10800 MAGNOLIA AVE	Pay Address: FILE 54602	
RIVERSIDE, CA 92505-3000	LOS ANGELES, CA 90074-4602	

Status Information

Status	Effective Date
Active	09/28/1989
Pending	11/17/1989
Pending	11/17/1989
Pending	11/17/1989
Pending	11/17/1989

Category of Service

Code	Start Date	End Date
002	09/28/1989	

Confirm that the provider is Inpatient Hospital.

Note the Provider ID for quick reference later.

6. View Length of Stay.

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HSP30686F KAISER FOUNDATION HOSP

Provider | SCC Association | PSU Mgmt | Paneling | **Hospital**

Hospital Level Type (New)

Hospital Level Type (Old)

Length of Stay:

Approval Start Date

Approval End Date

Last Update Date: 04/21/2004 Last Update By:

View Length of Stay (in this case it is 21 days).



Whatever is listed in the “Length of Stay” field will set an upper limit to the “Number of Days” for SARS associated to that inpatient hospital. It applies to extensions (the authorization + extension) as well.

13.2 Enter the SAR – Find the Client

Notes

1. Access Service Authorization Request by clicking the “Authorization” link.

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HOSPITAL OF KAISER FOUNDATION HOSP

Provider | **SCC Association** | **PSU Mgmt** | **Paneling** | **Hospital**

Hospital Level Type (New)

Hospital Level Type (Old)

Length of Stay: 21 days

Approval Start Date: Jan 1 1965

Approval End Date: Mon Day Year

Last Update Date: 04/21/2004 **Last Update By:**

2. Enter client search information.
3. Click the “Search” button.

Notes

Authorization | Provider | Formulary | Procedure Code | Administration | Reports
Search - Service Authorization

BY CLIENT

CCS Number Client Name

Date of Birth Gender

Client Index Number Legal County

SSN

BY PROVIDER

☐ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name Provider ID

Service Begin Date Service End Date

SAR Status

BY SAR NUMBER

SAR Number

An example of searching for the client by CCS #.

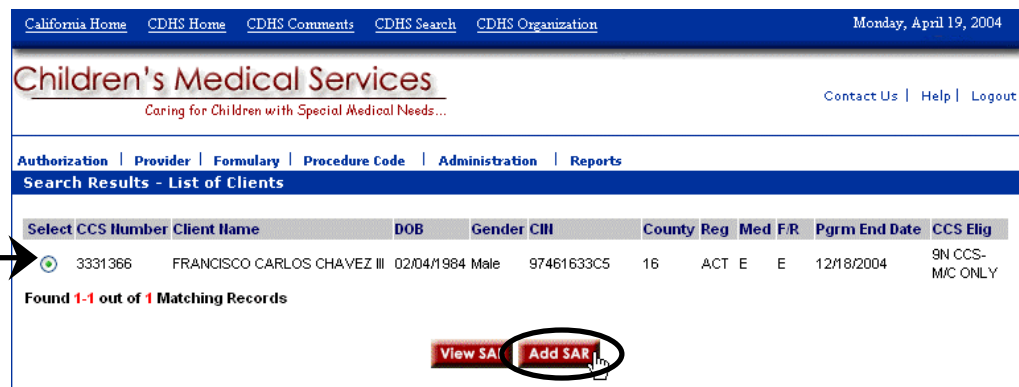


This search is similar to the one performed in CMS Net (character-based system).

Field descriptions are provided in CMS Net Web Online Help.

Notes

4. Click the “Select” radio button for the desired client. If an exact match is found, the option button will be pre-selected.
5. Then click the “Add SAR” button.



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Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search Results - List of Clients

Select	CCS Number	Client Name	DOB	Gender	CIIN	County	Reg	Med	F/R	Pgrm End Date	CCS Elig
<input checked="" type="radio"/>	3331366	FRANCISCO CARLOS CHAVEZ III	02/04/1984	Male	97461633C5	16	ACT	E	E	12/18/2004	SN CCS-MIC ONLY

Found 1-1 out of 1 Matching Records

[View SAR](#) [Add SAR](#)



If the client is not listed, click the “Authorization” link located above the blue banner to return to the Search SAR page.

Field descriptions are provided in CMS Net Web Online Help.

13.3 Select a Provider for the SAR

This example will demonstrate how to select an inpatient hospital for a SAR.

1. Click the “Hospital/Medical Provider” radio button.
2. Enter provider search information.
3. Click the “Search” button.

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Caring for Children with Special Medical Needs... Contact Us | Help | Logout

Authorization | **Provider** | Formulary | Procedure Code | Administration | Reports

Search - Providers

Required fields are marked *

SEARCH PROVIDER

Search Category * ☒ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name Provider ID

Specialty/Allied Health

Special Care Center Type

County

Provider Type

Step 12 → ☒ Hospital / Medical Provider

Step 14 →

Provider ID for a hospital is 9 characters. →

Field descriptions are provided in CMS Net Web Online Help.

Notes

You may search for the provider by Provider ID.

Provider ID for a hospital is 9 characters.

You may also find hospitals by using the Provider Name & County fields:

- Prov Name = Kaiser
- County = Riverside

4. Click on the link (blue underlined name of your selection).

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List of Providers

Provider Name	Provider ID	Status	Service Address	County	Paneled
KAISER FOUNDATION HOSP	HSP30686F	Active	10800 MAGNOLIA AVE, RIVERSIDE, CA, 92505-3000	Riverside	

1-1 out of 1 Matching Records

Provider Name *

Address 1 *

City *

State *

☒ Medical / Hospital

☐ Special Care Centers

☐ Dental

Address 2

County *

Zip *

Select

Continue

Clear

Field descriptions are provided in CMS Net Web Online Help.

13.4 Enter SAR Information

- Enter SAR Information.
 - Make sure that the “Number of Days” has been entered. Be sure to include the discharge day in your “Number of Days”.
 - Do not add Service Codes to this SAR.
- Click the “Submit” button to submit for validation.

Notes

For this example the SAR allows for a hospital stay that may occur within a 3 month time frame (Jul – Sep). But the client is authorized to stay in the hospital for 10 days.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Enter SAR

FRANCISCO CARLOS CHAVEZ III, 3331366

Required fields are marked in *

CLIENT INFORMATION

Client Name: FRANCISCO CARLOS CHAVEZ III	F/R Elig: ELIGIBLE	Reg Status: ACTIVE
CCS Number: 3331366	Med Elig Status: ELIGIBLE	Application Status: SIGNED APP
Date of Birth: 02/04/1984	Diagnostic Only: NO	PSA Status: SIGNED
CIN: 97461633C5	CCS Elig Status: SN CCS-M/C ONLY	Program Begin Date: 12/18/2002
Gender: MALE	County: KINGS	Program End Date: 12/18/2004

PROVIDER INFORMATION

Provider Name: KAISER FOUNDATION HOSP	Provider Number: HSP30688F
Address: 10800 MAGNOLIA AVE, RIVERSIDE, CA, 92505-3000	County: Riverside

SAR INFORMATION

SAR Number: SAR Status:

Service Begin Date * Jul 1 2004 Service End Date Sep 1 2004

Service Request Date * Jun 3 2004 Number of Days 10

EPDST-SS ☐ Category Select

CCS SS ☐ State Approved ☐ Yes ☐ No

State Funded ☐

Primary Diagnosis* 745.4 VENTRICULAR SEPTAL DEFECT find >

Secondary Diagnosis find >

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
--------	--------------	----------	------	----------------	---------------------	-----------------------	-------	----------	--------

SPECIAL INSTRUCTIONS

Add Services **Submit** Undo

The client header always shows the client’s “current” information.

CMS Net Web does not allow users to enter a SAR that has a service begin date before 7/1/2004.

The Number of Days that the user keys in must be equal to or less than the Length of Stay on the Hospital Tab.

The primary & secondary diagnosis default from Patient Registration. If you wish to change the diagnosis clear the field and type the new code or word and click on the Find button.

There are **no** service codes for SARs associated to inpatient hospitals.



You must manually enter “Number of Days” for SARs with inpatient hospital providers.

13.5 Note the SAR Number for your Records

1. Once the SAR has been submitted for validation, the SAR Number will be reflected when you are taken to the Narrative. Note this number for your records.

13.6 Enter Narrative

1. Enter Narrative text.
2. Click the “Save” button. You will return to the “View SAR” page.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

FRANCISCO CARLOS CHAVEZ III, 3331366 PENDING, SAR ID 97000008040

CLIENT INFORMATION

Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	02/04/1984	Diagnostic Only:	No	PSA Status:	SIGNED
CIN:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002
Gender:	Male	County:	Kings	Program End Date:	12/18/2004

NARRATIVE INFORMATION

Narrative Date:	05/07/2004
General Topic:	Service Authorization #97000008040, Status: Pending
User:	ASHIDA,EMI
Provider:	KAISER FOUNDATION HOSP
Service Period:	05/01/2004 thru 11/20/2004
Provider Type:	COMMUNITY INPATIENT HOSPITAL
Distribution:	

ADDITIONAL INFORMATION

Service Code	Service Description
--------------	---------------------

NARRATIVE TEXT

Enter comments for the SAR here.

Save Cancel

Notes

Note the SAR Number

Enter Narrative text in this portion of the page.

Step 21

14 Enter a SAR – Physician/ Allied Provider

Introduction to Enter a SAR – Physician/ Allied Provider

The step-by-step instructions to “Enter a SAR” with a physician as the service provider is described in this section.

Whether the physician is an admitting physician at a hospital or performing services for a client outside of a hospital, the process to enter a SAR is the same.

Similarly when the service provider is an allied provider, the process for entering the SAR is exactly the same. The only difference is that the user will need to specify an allied provider rather than a physician as the service provider when entering a SAR.

Objectives

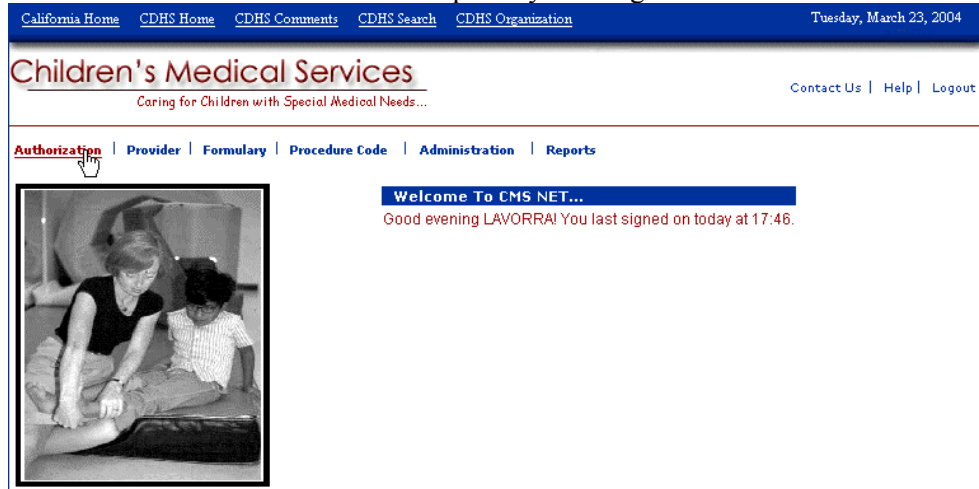
At the completion of this section, you will be able to:

- Enter a SAR with a physician as the service provider
- Add service codes and service groupings
- “Submit” the SAR for validation

14.1 Find the Client

Notes

1. Access Service Authorization Request by clicking the “Authorization” link.



2. Enter search criteria in the “By Client” area:
3. Click the “Search” button.

Notes

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search - Service Authorization

BY CLIENT

CCS Number	<input type="text"/>	Client Name	TESTAB
Date of Birth	Mon Day Year	Gender	Select
Client Index Number	<input type="text"/>	Legal County	San Diego
SSN	<input type="text"/>		

BY PROVIDER

☐ Hospital / Medical Provider
 ☐ Special Care Centers
 ☐ Dental Provider

Provider Name	<input type="text"/> find	Provider ID	<input type="text"/> find
Service Begin Date	Mon Day Year	Service End Date	Mon Day Year
SAR Status	Select		

BY SAR NUMBER

SAR Number

Step 3 → Search Clear

An example of searching for the client by name and county.

Partial searches by name are permitted [Last Name, First Name].

Field descriptions are provided in CMS Net Web Online Help.

Notes

- Click the “Select” radio button for the desired client. If an exact match is found, the option button will be pre-selected.
- Then click the “Add SAR” button.

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Search Results - List of Clients

Select	CCS Number	Client Name	DOB	Gender	CHI	County	Reg	Med F/R	Pgrm End Date	CCS Elig
<input type="radio"/>	3291042	CHAVEZ II, MARK J.	08/22/1991	Male	94324333A7	16	CLO			
<input checked="" type="radio"/>	3331366	CHAVEZ III, FRANCISCO CARLOS	02/04/1984	Male	97461633C5	16	ACT	E E	12/18/2004	9N CCS-M/C ONLY
<input type="radio"/>	3277236	CHAVEZ, ANGELA	01/20/1980	Female		16	CLO			
<input type="radio"/>	2389067	CHAVEZ, BEATRIZ	10/17/1989	Female	93808991A1	16	ACT	E E	10/18/2004	9K CCS
<input type="radio"/>	T106634	CHAVEZ, DOMINIC R	05/18/2001	Male	98434057D4	16	NOT	E P		
<input type="radio"/>	T204098	CHAVEZ, ELENNA R	03/04/1992	Female	90983899D5	16	NOT			
<input type="radio"/>	T12610	CHAVEZ, HAILEY A.	11/28/1994	Female		16	NOT			
<input type="radio"/>	3288021	CHAVEZ, JOSE ANGEL	04/02/1999	Male	98262673D7	16	CLO			
<input type="radio"/>	T71675	CHAVEZ, MICHAEL V	01/19/1983	Male		16	PEN			
<input type="radio"/>	3271110	CHAVEZ, MORGHAN	02/12/1993	Female		16	CLO			

Found 1-10 out of 10 Matching Records

[View SAR](#) [Add SAR](#)



If the client is not listed, click the “Authorization” link located above the blue banner to return to the Search SAR page.

Field descriptions are provided in CMS Net Web Online Help.

14.2 Select a Provider for the SAR

1. Click the “Hospital/Medical Provider” radio button.
2. Enter provider search information.
3. Click the “Search” button.

Notes

You may search for the provider by Provider ID.

Provider ID for hospital or medical providers is 9 characters. You may enter 8 characters to search.

To search for the physician by Provider Name, enter:
Last Name, First Name
Partial searches are permitted.

The “Provider Type” drop-down applies only to Hospital/ Medical providers.

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Authorization | **Provider** | Formulary | Procedure Code | Administration | Reports

Search - Providers

Required fields are marked *

SEARCH PROVIDER

Search Category *
☒ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name Provider ID

Specialty/Allied Health

Special Care Center Type

County

Provider Type

Step 1 → ☒ Hospital / Medical Provider

Step 3 →



To select a dental provider for a SAR, click the “Dental Provider” radio button and use search criteria (such as the Denti-Cal number in the Provider ID field, provider name, or the county).

To select a Special Care Center for a SAR, click the “Special Care Center” radio button and use search criteria.

Field descriptions are provided in CMS Net Web Online Help.

4. Confirm that for individual medical providers, the provider is paneled (look for a “Yes” in the Paneled column).
5. Click on the link (blue underlined name of your selection).
6. If additional matches are supplied, view them on the next page by:
Clicking the “Next Records” link OR clicking the “Prev Records” link.
7. You may enter the provider information in order to DENY an authorization.
8. Click the “Continue” button.

Notes

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Authorization | Provider | Formulary | Procedure Code | Administration | Reports

List of Providers

Provider Name	Provider ID	Status	Service Address	County	Paneled
<u>TETZLAFF, THOMAS R, MD</u>	FS4901334	Active	75 PRINGLE WAY, STE 801, RENO, NV, 89502-8400		Yes

1-1 out of 1 matching Records

Provider Name

Address 1

City

State

☒ Medical / Hospital
 ☐ Special Care Centers
 ☐ Dental

Address 2

County

Zip

Continue **Clear**

Confirm that the individual medical provider is paneled.

You may enter provider information only to DENY the SAR.



SARs cannot be issued to group providers, such as Group Certified Family/ Pediatric Nurse Practitioners, Physicians Groups, Group Optometrists, Medicare Crossover Provider Only, and Group Respiratory Care Practitioners. You must authorize the provider's individual or (rendering) provider ID number.

Field descriptions are provided in CMS Net Web Online Help.

14.3 Enter SAR Information

1. Enter SAR Information.
2. Click the “Add Services” button to search for service codes.

Notes

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Enter SAR

FRANCISCO CARLOS CHAVEZ III, 3331366

Required fields are marked in *

CLIENT INFORMATION			
Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE
Date of Birth:	02/04/1984	Diagnostic Only:	NO
CIN:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY
Gender:	MALE	County:	KINGS
Reg Status:	ACTIVE	Application Status:	SIGNED APP
		PSA Status:	SIGNED
		Program Begin Date:	12/18/2002
		Program End Date:	12/18/2004

PROVIDER INFORMATION	
Provider Name:	TETZLAFF, THOMAS R MD
Address:	75 PRINGLE WAY, STE 801, RENO, NV, 89502-8400
Provider Number:	FS4901334
County:	

SAR INFORMATION	
SAR Number	SAR Status
Service Begin Date *	Service End Date
Service Request Date *	Number of Days
EPST-DT-SS	Category
CCS SS	State Approved
State Funded	
Primary Diagnosis*	find
Secondary Diagnosis	find

SERVICE CODE INFORMATION							
Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units
SPECIAL INSTRUCTIONS							

Add Services **Submit** **Undo**

Because only current information is stored for Dental providers, you *may not* be able to enter a retro-active SAR with a dental provider.

Enter SAR Information

The primary & secondary diagnosis default from Patient Registration.

If you wish to change the diagnosis clear the field and type the new code or word and click on the Find button.



Please see Appendix A - Business Rules “1.1 Enter SAR” for a list of “Category” values that require State Approval.



To issue service authorizations before 7/1/04, you must use the Generate Requests/ Auths/ Claims in CMS Net.

14.4 Search for Services for Procedure Code

1. Select the radio button for the appropriate service code: procedure code, service grouping, drugs requiring specific authorization, and medical supplies.
2. Enter search criteria for one of the following: procedure code, service grouping, drugs requiring specific authorization, or medical supplies.
3. Click the “Search” button.

Step 1

Provider | Formulary | Procedure Code | Administration | Reports

Search Service Code

☒ PROCEDURE CODE

Service Code

Description

☐ SERVICE GROUPING

Service Group

Description

☐ DRUGS REQUIRING SPECIFIC AUTHORIZATION

NDC

Generic Drug Name

Label Drug Name

☐ MEDICAL SUPPLIES

Medical Supply Code

Generic Name

Label Name

Step 3

Notes

This example shows how to associate a procedure code for a surgery.

You may search for procedure codes to associate to the SAR.

Service Code Groupings (SCG) can be issued to:

- Medical providers
- Dental Providers
- SCC Providers

Search Medical SCG as 01-07.

Search Dental SCG as S01-S17.

Only pharmacy provider types may be issued a SAR with an NDC

- ‘24’ Pharmacy/ Pharmacists

Only medical supply provider types may be issued a SAR for “Medical Supplies:”

- ‘02’ Assist. Dev & sick rooms ply
- ‘21’ orthotists
- ‘24’ pharmacy
- ‘27’ podiatrist
- ‘29’ prosthetists
- ‘46’ rehab clinics

Search Tips:



Searching by a “Code” will return matches that *start with* whatever you type in that field.

Example for Service Code Field: “330”

Returns many matches among others: 33010 – Drainage of Heart Sac, 33011 – Repeat Drainage of Heart Sac, 33015 – Incision of Heart Sac



Searching by a “description,” returns matches that *contain* whatever you type in that field.

Example for Procedure Code Description Field: “Office Visit”

Returns many matches including: “Office Visit, New, Brief,” “Office Visit Limited,” and “PostPartum Follow-Up Office Visit.”

14.5 Select Services for Procedure Code

1. Check the appropriate service(s) for the SAR.
2. Click the “Continue” button.

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Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search - Select Services

Select Service Code	Type	Service Description
<input checked="" type="checkbox"/> 33310	K	EXPLORATORY HEART SURGERY
<input type="checkbox"/> 33315	K	EXPLORATORY HEART SURGERY

Found 1-2 out of 2 Matching Records

[Back](#) [Continue](#)

Field descriptions are provided in CMS Net Web Online Help.

14.6 Enter More Service Codes

- To add another service code (such as a service grouping), click the “Add Services” button.

[Authorization](#) | [Provider](#) | [Formulary](#) | [Procedure Code](#) | [Administration](#) | [Reports](#)

Enter SAR

FRANCISCO CARLOS CHAVEZ III, 3331366

Required fields are marked in *

CLIENT INFORMATION

Client Name: FRANCISCO CARLOS CHAVEZ III
CCS Number: 3331366
Date of Birth: 02/04/1984
CIN: 97461633C5
Gender: MALE

F/R Elig: ELIGIBLE
Med Elig Status: ELIGIBLE
Diagnostic Only: NO
CCS Elig Status: 9N CCS-M/C ONLY
County: KINGS

Reg Status: ACTIVE
Application Status: SIGNED APP
PSA Status: SIGNED
Program Begin Date: 12/18/2002
Program End Date: 12/18/2004

PROVIDER INFORMATION

Provider Name: TETZLAFF, THOMAS R MD
Address: 75 PRINGLE WAY, STE 801, RENO, NV, 89502-8400

Provider Number: FS4901334
County:

SAR INFORMATION

SAR Number

SAR Status

Service Begin Date * Jul 1 2004 Service End Date Dec 18 2004

Service Request Date * Jun 30 2004 Number of Days

EPSDT-SS ☐ Category Select

CCS SS ☐ State Approved ☐ Yes ☐ No

State Funded ☐

Primary Diagnosis* 244.9 UNSPECIFIED HYPOTHYROIDISM **find**

Secondary Diagnosis **find**

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	33310	Select	K		EXPLORATORY HEART SURGERY				

SPECIAL INSTRUCTIONS

Add Services

Submit

Undo

Notes

In this example, we will add a service grouping for a "physician."

Service Code Groupings (SCG) can be issued to:

- Medical providers
- Dental Providers
- SCC Providers

Search Medical SCG as 01-07.

Search Dental SCG as S01-S17.

14.7 Search for Services for Service Grouping

1. Select the radio button for the appropriate service code: procedure code, service grouping, drugs requiring specific authorization, and medical supplies.
2. Enter search criteria for one of the following: procedure code, service grouping, drugs requiring specific authorization, or medical supplies.
3. Click the "Search" button.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search - Service Code

Step 1

Service Code

Description

Step 2

☒ **SERVICE GROUPING**

Service Group

Description physician

☐ **DRUGS REQUIRING SPECIFIC AUTHORIZATION**

NDC

Generic Drug Name

Label Drug Name

☐ **MEDICAL SUPPLIES**

Medical Supply Code

Generic Name

Label Name

Step 3

Search **Clear**

14.8 Select Services for Service Groupings

1. Check the appropriate service(s) for the SAR. If an exact match is found, the checkbox will be pre-selected.
2. Click the “Continue” button.

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Search - Select Services

Select Service Code	Type	Service Description
<input checked="" type="checkbox"/> 01		PHYSICIAN

Found 1-1 out of 1 Matching Records

[Back](#) [Continue](#)

Field descriptions are provided in CMS Net Web Online Help.

14.9 Specify Service Code Information

- For each service code that appears on the SAR:
 - Check the “Remove” indicator if a code was entered erroneously.
 - Select a Modifier for the Service Code if appropriate.
 - Enter Units. The total number of times a procedure or service is requested. For drug codes: Enter the total number of times the authorized quantity is authorized (for example, a unit of “3” would be the original + two refills).
 - Enter Quantity. Only for NDC drug or medical supply codes. Enter the total number of tablets, capsules, volume of liquid (in mls) or quantity of ointments/creams (in grams) for each dispensing.
 - Enter Amount (only for EPSDT-SS SARs there is no price on file. This field is available to only those with access to update EPSDT-SS SARs.)

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Enter SAR

FRANCISCO CARLOS CHAVEZ III, 3331366

Required fields are marked in *

CLIENT INFORMATION

Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
Date of Birth:	02/04/1984	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	97461633C5	CCS Elig Status:	9N CCS-MAC ONLY	Program Begin Date:	12/18/2002
Gender:	MALE	County:	KINGS	Program End Date:	12/18/2004

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address:	75 PRINGLE WAY, STE 801, RENO, NV, 89502-8400	County:	

SAR INFORMATION

SAR Number: SAR Status:

Service Begin Date: Jul 1 2004 Service End Date: Dec 18 2004

Service Request Date: Jun 30 2004 Number of Days:

EPSDT-SS: ☐ Category:

CCS SS: ☐ State Approved: ☐ Yes ☐ No

State Funded: ☐

Primary Diagnosis: 244.9 UNSPECIFIED HYPOTHYROIDISM

Secondary Diagnosis:

SERVICE CODE INFORMATION

Remove Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	33310	<input type="text"/> Select	K	<input type="text"/>	EXPLORATORY HEART SURGERY	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	01	<input type="text"/> Select		<input type="text"/>	PHYSICIAN	<input type="text"/>	<input type="text"/>	<input type="text"/>

SPECIAL INSTRUCTIONS

Modifier:

“Rental” and “Purchase” selections for “Modifier” should be used for DME & DME accessories only.

“Assistant Surgeon” selection for “Modifier” should **ONLY** be used when the procedure is done separately from the primary physician’s authority. It should NEVER be on the same SAR as the surgery that the primary physician is performing.

Units: Units is a required field.

Units: One unit has already been pre-filled for the user for the “Physician” service grouping.

Field descriptions are provided in CMS Net Web Online Help.

14.10 An Example that Illustrates How to Enter an Alternate Code or an Alternate Description

Certain service codes that are included in the CPT code book are classified as miscellaneous or “by report.”

The Branch has a pre-defined selection of miscellaneous or “by report” codes to track and monitor. If you select one of the codes to authorize, you will need to include an alternate code or alternate description to proceed.

An example might look like this:

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	42999	-Select-▼		42975	Throat Surgery Procedure				

Miscellaneous Service Code

There is a valid code (in the newest version of the CPT Code book), but the code is not on the Medical Procedure Master File yet.

If the code for the procedure will (never) be added to the Procedure Master File, the description for the procedure can be documented here.

The page will allow the user to enter either the Alternate Code or the Alternate Description.

The alternate codes and alternate descriptions are used for tracking reports for the Branch.

14.11 Click “Submit” to Complete SAR Entry

Notes

1. Perform one of the following actions:

- Click the “**Submit**” button to save the SAR. The status of the SAR will be “Pending.” The user will be taken to the Narrative.
- Click the “Undo” button to exit from the SAR Entry page. The SAR will not be saved.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Enter SAR

FRANCISCO CARLOS CHAVEZ III, 3331366

Required fields are marked in *

CLIENT INFORMATION

Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
Date of Birth:	02/04/1984	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002
Gender:	MALE	County:	KINGS	Program End Date:	12/18/2004

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address:	75 PRINGLE WAY, STE 801, RENO, NV, 89502-8400	County:	

SAR INFORMATION

SAR Number: SAR Status:

Service Begin Date * Jul 1 2004 Service End Date Sep 1 2004

Service Request Date * May 1 2004 Number of Days

EPSDT-SS ☐ Category Select

CCS SS ☐ State Approved ☐ Yes ☐ No

State Funded ☐

Primary Diagnosis* 244.9 UNSPECIFIED HYPOTHYROIDISM

Secondary Diagnosis

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	33310	Select	K		EXPLORATORY HEART SURGERY		1		
<input type="checkbox"/>	01	Select			PHYSICIAN		1		

SPECIAL INSTRUCTIONS

15 Enter a SAR - Pharmacy

Introduction to Enter a SAR - Pharmacy

The step-by-step instructions to “Enter a SAR” with a pharmacy as the service provider for drugs requiring specific authorization is described in this section.

Only “Drugs that Require Specific Authorization” need to be individually authorized. All other drugs are allowed to be billed using the physician or Special Care Center authorizations (excluding medical supplies).

NOTE: Drugs that have been end-dated or have a TAR indicator of ‘2’ (not payable) should never be authorized.

Objectives

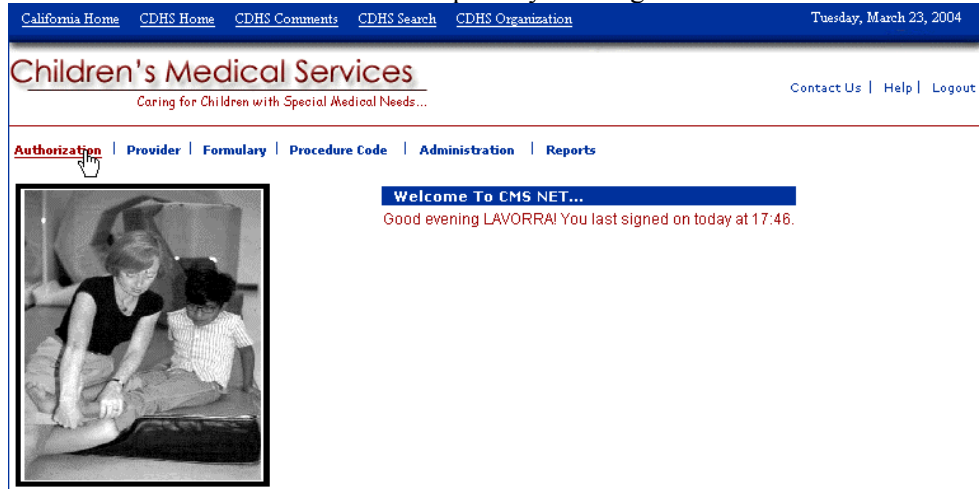
At the completion of this section, you will be able to:

- Enter a SAR with a pharmacy as the service provider
- Authorize NDC codes
- “Submitting” the SAR for validation

15.1 Find the Client

Notes

1. Access Service Authorization Request by clicking the “Authorization” link.



Notes

2. Enter search criteria in the “By Client” area:
3. Click the “Search” button.

[Authorization](#) | [Provider](#) | [Formulary](#) | [Procedure Code](#) | [Administration](#) | [Reports](#)
Search - Service Authorization

BY CLIENT

CCS Number Client Name

Date of Birth Gender

Client Index Number Legal County

SSN

BY PROVIDER

☐ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name Provider ID

Service Begin Date Service End Date

SAR Status

BY SAR NUMBER

SAR Number

Step 3

You may search for the client by CCS Number.

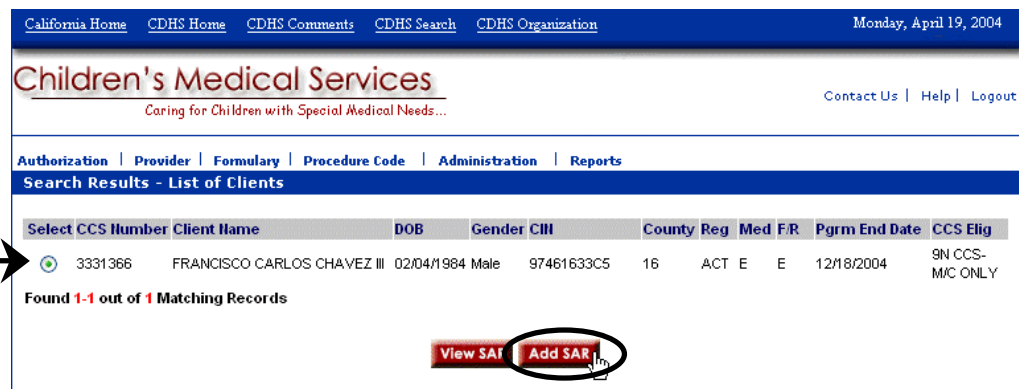


This search is similar to the one performed in CMS Net (character-based system).

Field descriptions are provided in CMS Net Web Online Help.

Notes

4. Click the “Select” radio button for the desired client. If an exact match is found, the option button will be pre-selected.
5. Then click the “Add SAR” button.



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Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search Results - List of Clients

Select	CCS Number	Client Name	DOB	Gender	CIIN	County	Reg	Med	F/R	Pgrm End Date	CCS Elig
<input checked="" type="radio"/>	3331366	FRANCISCO CARLOS CHAVEZ III	02/04/1984	Male	97461633C5	16	ACT	E	E	12/18/2004	SN CCS-MIC ONLY

Found 1-1 out of 1 Matching Records

[View SAR](#) [Add SAR](#)



If the client is not listed, click the “Authorization” link located above the blue banner to return to the Search SAR page.

Field descriptions are provided in CMS Net Web Online Help.

15.2 Select a Provider for the SAR

This example will demonstrate how to select a medical physician for a SAR.

1. Click the “Hospital/Medical Provider” radio button.
2. Enter provider search information.
3. Click the “Search” button.

The screenshot shows the 'Search - Providers' form with the following fields and annotations:

- Search Category:** Radio buttons for 'Hospital / Medical Provider' (selected), 'Special Care Centers', and 'Dental Provider'. A yellow box with '2.' points to this section.
- Provider Name:** Text input field containing 'longs'. A yellow box with '3.' points to this field.
- Specialty/Allied Health:** Dropdown menu with 'Select'.
- Special Care Center Type:** Dropdown menu with 'Select'.
- County:** Dropdown menu with 'Riverside'.
- Provider Type:** Dropdown menu with 'PHARMACIES/PHARMACISTS' selected. A yellow box with '3.' points to this field.
- Search Button:** A red button labeled 'Search' circled in black. A yellow box with '3.' points to this button.
- Provider ID:** Text input field.
- Buttons:** 'Search' and 'Clear' buttons at the bottom.

Field descriptions are provided in CMS Net Web Online Help.

Notes

You may search for the provider by Name.

Provider ID for hospital or medical providers is 9 characters. At least 8 characters must be entered.

Enter provider name. Partial searches are permitted.

Search results can be narrowed to Pharmacies/Pharmacists by using the “Provider Type” “drop-down.

Notes

- Click on the link (blue underlined name of your selection).
- You may view additional matches on the next page by:
Clicking the "Next Records" link OR clicking the "Prev Records" link.

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[Authorization](#) | [Provider](#) | [Formulary](#) | [Procedure Code](#) | [Administration](#) | [Reports](#)

List of Providers

Provider Name	Provider ID	Status	Service Address	County	Paneled
LONGS DRUG STORE #153	PHA208730	Active	42370 BOB HOPE DR,RANCHO MIRAGE,CA,92270-4469	Riverside	
LONGS DRUG STORE #183	PHA220090	Active	3055 W FLORIDA AVE,HEMET,CA,92545-3617	Riverside	
LONGS DRUG STORE #224	PHA325490	Active	25070 ALESSANDRO BLVD,MORENO VALLEY,CA,92553-4313	Riverside	
LONGS DRUG STORE #283	PHA357060	Active	3440 LA SIERRA AVE,RIVERSIDE,CA,92503-5204	Riverside	
LONGS DRUG STORE #301	PHA365870	Active	30640 RANCHO CALIFORNIA,TEMECULA,CA,92591-3290	Riverside	
LONGS DRUG STORE #501	PHA444310	Active	110 E STETSON AVE,HEMET,CA,92543-7139	Riverside	
LONGS DRUG STORE #502	PHA444300	Active	43418 FLORIDA AVE,HEMET,CA,92544-5219	Riverside	
LONGS DRUG STORE CA INC	PHA465490	Active	23791 WASHINGTON AVENUE,MURRIETA,CA,92562-8999	Riverside	
LONGS DRUG STORE, #83	PHA176560	Active	1785 E PALM CANYON DR,PALM SPRINGS,CA,92264-1614	Riverside	
LONGS DRUG STORES CA INC	PHA456960	Active	40365 WINCHESTER RD,TEMECULA,CA,92591-5520	Riverside	
LONGS DRUG STORES CA INC	PHA464770	Active	49980 JEFFERSON ST,INDIO,CA,92201-9720	Riverside	
LONGS DRUG STORES NQ 7	PHA172200	Active	2325 E FLORIDA AVE,HEMET,CA,92544-4753	Riverside	

1-12 out of 12 matching records

Provider Name *

Address 1 *

City *

State *

☒ Medical / Hospital ☐ Special Care Centers ☐ Dental

Address 2

County *

Zip *

[Continue](#) [Clear](#)



SARs will not be issued to group providers, such as Group Certified Family/ Pediatric Nurse Practitioners, Physicians Groups, Group Optometrists, Medicare Crossover Provider Only, and Group Respiratory Care Practitioners.

Field descriptions are provided in CMS Net Web Online Help.

15.3 Enter SAR Information

1. Enter SAR Information
2. Click the “Add Services” button.

Notes

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Enter SAR

FRANCISCO CARLOS CHAVEZ III, 3331366

Required fields are marked in *

CLIENT INFORMATION

Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
Date of Birth:	02/04/1984	Diagnostic Only:	NO	PSA Status:	SIGNED
CIH:	97461633C5	CCS Elig Status:	9N CCS-MAC ONLY	Program Begin Date:	12/18/2002
Gender:	MALE	County:	KINGS	Program End Date:	12/18/2004

PROVIDER INFORMATION

Provider Name:	LONGS DRUG STORES NO 73	Provider Number:	PHA172200
Address:	2325 E FLORIDA AVE,HEMET,CA,92544-4753	County:	Riverside

SAR INFORMATION

SAR Number: _____ SAR Status: _____

Service Begin Date * Jul 1 2004 Service End Date Sep 1 2004

Service Request Date * Jun 30 2004 Number of Days: _____

EPDST-SS ☐ Category: Select

CCS SS ☐ State Approved ☐ Yes ☐ No

State Funded ☐

Primary Diagnosis* 745.4 VENTRICULAR SEPTAL DEFECT **find >**

Secondary Diagnosis: _____ **find >**

SERVICE CODE INFORMATION

Remove	Service Code	Modifier Type	Alternate Code	Service Description	Alternate Description	Units	Quantity/Amount
--------	--------------	---------------	----------------	---------------------	-----------------------	-------	-----------------

SPECIAL INSTRUCTIONS

Add Services **Submit** **Undo**

Enter SAR
Information



Keep in Mind:

CMS Net Web does not allow users to enter a SAR that has a service begin date before 7/1/2004.

Field descriptions are provided in CMS Net Web Online Help.

15.4 Search for Services

1. Click the “Drugs Requiring Specific Authorization” radio button.
2. Enter search criteria for drugs requiring specific authorization.
3. Click the “Search” button.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search - Service Code

☐ PROCEDURE CODE

Service Code

Description

☐ SERVICE GROUPING

Service Group

Description

☒ DRUGS REQUIRING SPECIFIC AUTHORIZATION

NDC

Generic Drug Name

Label Drug Name

☐ MEDICAL SUPPLIES

Medical Supply Code

Generic Name

Label Name

Notes

In this example, we will associate Nutropin to the SAR.

Certain drugs such as Factor are not allowed to be authorized with a NDC. Factor codes are listed as a medical procedure code. For example J7190.

Only pharmacy provider types may be issued a SAR with an NDC (Drugs Requiring Specific Authorization)

- ‘24’ Pharmacy/ Pharmacists

Search Tips:



Searching by a “NDC” will return matches that *start with* whatever you type in that field.

Example for NDC Field: “5024200”

Returns the following matches: “50242001501,” “50242001502,” and “50242001966” among others.

Example of searching by Generic Name:

- Somatropin
- Palivizumab

Example of searching by Label Name:

- Nutropin
- Synagis



Searching by a “Label Drug Name,” returns matches that *contain* whatever you type in that field.

Example for Label Drug Name: “Nutropin”

Returns the following matches: “Nutropin 10 MG Vial,” “Nutropin 5 MG Vial,” and “Nutropin AQ 5MG/ML Vial” among others.

15.5 Select Services

1. Check the appropriate service code(s) for the SAR. If an exact match is found, the option button will be pre-selected.
2. Click the “Continue” button.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search - Select Services

Select	Service Code	Type	Service Description
<input type="checkbox"/>	50242001819		NUTROPIN 10MG VIAL
<input type="checkbox"/>	50242001820		NUTROPIN 10MG VIAL
<input type="checkbox"/>	50242001966		NUTROPIN 5MG VIAL
<input checked="" type="checkbox"/>	50242002067		NUTROPIN 10MG VIAL
<input type="checkbox"/>	50242002219		NUTROPIN AQ 5MG/ML VIAL
<input type="checkbox"/>	50242002308		NUTROPIN AQ 5MG/ML VIAL
<input type="checkbox"/>	50242002608		NUTROPIN AQ 5MG/ML VIAL
<input type="checkbox"/>	50242003249		NUTROPIN 5MG VIAL
<input type="checkbox"/>	50242003450		NUTROPIN 10MG VIAL
<input type="checkbox"/>	50242007201		NUTROPIN 5MG VIAL
<input type="checkbox"/>	50242007202		NUTROPIN 5MG VIAL
<input type="checkbox"/>	50242011411		NUTROPIN AQ 5MG/ML VIAL
<input type="checkbox"/>	50242001821		NUTROPIN 10MG VIAL
<input type="checkbox"/>	50242001902		NUTROPIN 5MG VIAL
<input type="checkbox"/>	50242002020		NUTROPIN 10MG VIAL
<input type="checkbox"/>	50242002220		NUTROPIN AQ 5MG/ML VIAL
<input type="checkbox"/>	50242003235		NUTROPIN DEPOT 13.5MG KIT
<input type="checkbox"/>	50242003441		NUTROPIN DEPOT 18MG KIT
<input type="checkbox"/>	50242003654		NUTROPIN DEPOT 22.5MG KIT
<input type="checkbox"/>	50242004314		NUTROPIN AQ PEN CARTRIDGE
<input type="checkbox"/>	50242007203		NUTROPIN 5MG VIAL

Found 1-21 out of 21 Matching Records

NDC Code

Back Continue

Field descriptions are provided in CMS Net Web Online Help.

Notes

Users with SAR-OVERRIDE, Regional Office Administrator, or State Administrator security access will see this “NDC” field where the user can manually add a prescription to the SAR.

NOTE: Manually entering a NDC will pay at the Brand Name price, which is different than the drug billed on the physician or Special Care Center SAR. (generic price).

Manually entered NDC may be combined with NDC from the Drugs that Require Specific Authorization.

15.6 Specify Service Code Information

- For each service code that appears on the SAR:
 - Check the "Remove" indicator if the service code was entered erroneously.
 - Enter Units. Required entry: The total number of times a procedure or service is requested. For drug codes: Enter the total number of times the authorized quantity is requested (for example, a units of "3" would be the original plus two refills).
 - Enter Quantity. Only for NDC drug or medical supply codes. Enter the total number of tablets, capsules, volume of liquid (in mls) or quantity of ointments/creams (in grams).
 - Enter Amount (only for EPSDT-SS SARs when the price is not on the procedure master file. This field is available to only those with access to update EPSDT-SS SARs.)

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Enter SAR

FRANCISCO CARLOS CHAVEZ III, 3331366

Required fields are marked in *

CLIENT INFORMATION

Client Name: FRANCISCO CARLOS CHAVEZ III	F/R Elig: ELIGIBLE	Reg Status: ACTIVE
CCS Number: 3331366	Med Elig Status: ELIGIBLE	Application Status: SIGNED APP
Date of Birth: 02/04/1984	Diagnostic Only: NO	PSA Status: SIGNED
CIN: 97461633C5	CCS Elig Status: 9N CCS-MIC ONLY	Program Begin Date: 12/18/2002
Gender: MALE	County: KINGS	Program End Date: 12/18/2004

PROVIDER INFORMATION

Provider Name: LONGS DRUG STORES NO 73	Provider Number: PHA172200
Address: 2325 E FLORIDA AVE,HEMET,CA,92544-4753	County: Riverside

SAR INFORMATION

SAR Number: _____ SAR Status: _____

Service Begin Date: Jul 1 2004 Service End Date: Sep 1 2004

Service Request Date: Jun 30 2004 Number of Days: _____

EPSDT-SS: ☐ Category: Select

CCS SS: ☐ State Approved: ☐ Yes ☐ No

State Funded: ☐

Primary Diagnosis: 745.4 VENTRICULAR SEPTAL DEFECT **find**

Secondary Diagnosis: _____ **find**

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	50242001820	Select			NUTROPIN 10MG VIAL		2	1	

SPECIAL INSTRUCTIONS

Add Services **Submit** **Undo**

Notes

Example: 1 refill of Nutropin with 2 vials (10 MG each).

Quantity: Quantity = 1 for one vial of medication.

Units: Units = 2 for the total number of fills allowed, including the original dispensing.

Field descriptions are provided in CMS Net Web Online Help.

15.7 Click “Submit” to Complete SAR Entry

Notes

1. Perform one of the following actions:

- Click the “**Submit**” button to save the SAR; the SAR is ready for authorization. The status of the SAR will be “Pending.” The user will be taken to the Narrative.
- Click the “**Undo**” button to exit from the SAR Entry page. The SAR will not be saved.

Authorization	Provider	Formulary	Procedure Code	Administration	Reports				
Enter SAR									
FRANCISCO CARLOS CHAVEZ III, 3331366									
Required fields are marked in *									
CLIENT INFORMATION									
Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE				
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP				
Date of Birth:	02/04/1984	Diagnostic Only:	NO	PSA Status:	SIGNED				
CIN:	97461633C5	CCS Elig Status:	SN CCS-M/C ONLY	Program Begin Date:	12/18/2002				
Gender:	MALE	County:	KINGS	Program End Date:	12/18/2004				
PROVIDER INFORMATION									
Provider Name:	LONGS DRUG STORES NO 73			Provider Number:	PHA172200				
Address:	2325 E FLORIDA AVE,HEMET,CA,92544-4753			County:	Riverside				
SAR INFORMATION									
SAR Number		SAR Status							
Service Begin Date *	Jul 1 2004	Service End Date	Sep 1 2004						
Service Request Date *	Jun 30 2004	Number of Days							
EPDST-SS	<input type="checkbox"/>	Category	Select						
CCS SS	<input type="checkbox"/>	State Approved	<input type="radio"/> Yes <input type="radio"/> No						
State Funded	<input type="checkbox"/>								
Primary Diagnosis*	745.4 VENTRICULAR SEPTAL DEFECT		find >						
Secondary Diagnosis			find >						
SERVICE CODE INFORMATION									
Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	50242001820	Select			NUTROPIN 10MG VIAL		2	1	
SPECIAL INSTRUCTIONS									
<div></div>									
Add Services Submit Undo									

Field descriptions are provided in CMS Net Web Online Help.

16 Authorize a SAR

Introduction to Authorize SAR

For SARs that do not require state approval, once a SAR has been entered and the “Submit” button has been clicked, it is ready for authorization. The SAR is in “Pending” status. Those granted security access will have the ability to authorize a SAR.

CMS Net Web was designed to accommodate the flexibility for clients who move and the need to record retro-service authorizations. The system allows you to authorize retroactive authorizations for clients who previously resided in your county and now reside in a different county. To authorize a SAR, the client and the user must be in the same county at the time of the service period.

SARs cannot be created in CMS Net Web prior to 7/1/2004.

Objectives

At the completion of this section, you will be able to:

- Authorize a SAR

16.1 Search for the SAR

- Search for the SAR
 - View the SAR. If additional service codes are needed, click the “Modify” tab *before* proceeding to the “Authorize” tab.
- If no changes in service codes are necessary, selecting a value from “Reporting Category”.

Notes

If you need to add additional service codes, select the “Modify” tab.

Additional services codes may only be added to a Pending SAR

Step 2

BRIAN MATTHEW TESTA, 2463624 **PENDING, SAR ID 97000002740**

Required fields are marked in *

[SEARCH MEDS](#)

CLIENT INFORMATION

Client Name:	BRIAN MATTHEW TESTA	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	2463624	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
Date of Birth:	04/25/1992	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	91617111D9	CCS Elig Status:	9K CCS	Program Begin Date:	04/30/2004
Gender:	MALE	County:	RIVERSIDE	Program End Date:	04/29/2005

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address 1 *	75 PRINGLE WAY	Address 2	STE 801
City *	RENO	County *	Select
State *	NV	Zip *	89502-8400

[Edit Provider](#)

SAR INFORMATION

SAR Number:	97000002740	SAR Status:	PENDING
EPSDT-SS:	N	CCS SS:	N
Category:		State Approved:	
Number of Days:	63	State Funded:	N

AUTHORIZATION MODIFICATION INFORMATION

Authorized By *	MCCARLEY,TRACI find >	Date Authorized	December 20, 2004
Service Begin Date *	Aug 9 2004	Service End Date	Oct 10 2004
Number of Days	63	Reporting Category *	Select
Primary Diagnosis *	343.2 QUADRIPLEGIC INFANTILE CEREBRAL PALS find >		
Secondary Diagnosis	331.4 OBSTRUCTIVE HYDROCEPHALUS find >		

SERVICE CODE INFORMATION

Rem	Service Code	Modifier Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	33310	NU RP RR	K	EXPLORATORY HEART SURGERY		1		
<input type="checkbox"/>	01	NU RP RR		PHYSICIAN		1		

DISTRIBUTION

FAMILY
BLUE CROSS OF CALIFORNIA PPO
SARAH EAKS, CCS SECT
MORENO VALLEY MTU

[Add Distribution](#)

SPECIAL INSTRUCTIONS

[Special Instructions](#)

OTHER DETAILS

Last Update Date: 12/20/2004 **Last Update By:** MCCARLEY,TRACI

[Authorize](#) [Undo](#)

16.2 Enter or Update “Authorization Modification Information”

Notes

1. Update the name in the “Authorized By” field only if the default name is someone other than yourself. If the name is correct, skip past this field.
2. Click the “find” button.

[Authorization](#) | [Provider](#) | [Formulary](#) | [Procedure Code](#) | [Administration](#) | [Reports](#)

Authorize SAR

FRANCISCO CARLOS CHAVEZ III, 3331366		PENDING, SAR ID 97000000680	
Required fields are marked in *			
SEARCH MEDS			
CLIENT INFORMATION			
Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE
Date of Birth:	02/04/1984	Diagnostic Only:	NO
CIN:	97461633C5	CCS Elig Status:	9N CCS-MIC ONLY
Gender:	MALE	County:	KINGS
Reg Status:	ACTIVE	Application Status:	SIGNED APP
		PSA Status:	SIGNED
		Program Begin Date:	12/18/2002
		Program End Date:	12/18/2004
PROVIDER INFORMATION			
Provider Name:	KAISER FOUNDATION HOSP		Provider Number: HSP30686F
Address:	10800 MAGNOLIA AVE, RIVERSIDE, CA, 92505-3000		County: RIVERSIDE
SAR INFORMATION			
SAR Number:	97000000680	SAR Status:	PENDING
EPSDT-SS:	N	CCS SS:	N
Category:		State Approved:	
Number of Days:	10	State Funded:	N
AUTHORIZATION MODIFICATION INFORMATION			
Authorized By *	MCCARLEY, TRACI	find >	Date Authorized August 31, 2004
Service Begin Date *	Jul 1 2004		Service End Date Sep 1 2004
Number of Days	10		Reporting Category * Select
Primary Diagnosis *	745.4 VENTRICULAR SEPTAL DEFECT	find >	
Secondary Diagnosis		find >	

Step 1

To modify the name (Last Name, First Name) in the Authorized By field, if necessary. Partial searches are permitted.

The primary & secondary diagnosis default from Patient Registration. Note that both diagnosis codes will print on the authorized SAR.

If you wish to change the diagnosis clear the field and type the new code or word and click on the Find button.

3. Select your name in the search results by clicking on your last name.

Search Results - List of WHITAKER, LAVORRA Names			
Firstname	Firstname	Region	County
WHITAKER	LAVORRA		

4. Your name will now be filled in the “Authorized By” field.
5. Update Service Begin Date, Service End Date, and Number of Days as appropriate.
6. Select Reporting Category.

16.3 Search MEDS

1. Click the "Search MEDS" link.
2. View MEDS eligibility and insurance information (Healthy Families or private insurance coverage) on MEDS.

Notes

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Authorize SAR

FRANCISCO CARLOS CHAVEZ III, 3331366 PENDING, SAR ID 97000000680

Required fields are marked in *

SEARCH MEDS

CLIENT INFORMATION

Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
Date of Birth:	02/04/1984	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002
Gender:	MALE	County:	KINGS	Program End Date:	12/18/2004

PROVIDER INFORMATION

Provider Name:	KAISER FOUNDATION HOSP	Provider Number:	HSP30686F
Address:	10800 MAGNOLIA AVE, RIVERSIDE, CA, 92505-3000	County:	RIVERSIDE

SAR INFORMATION

SAR Number:	97000000680	SAR Status:	PENDING
EPSDT-SS:	N	CCS SS:	N
Category:		State Approved:	
Number of Days:	10	State Funded:	N

AUTHORIZATION MODIFICATION INFORMATION

Authorized By *	MCCARLEY, TRACI	find >	Date Authorized	August 31, 2004
Service Begin Date *	Jul 1 2004		Service End Date	Sep 1 2004
Number of Days	10		Reporting Category *	Select
Primary Diagnosis *	745.4 VENTRICULAR SEPTAL DEFECT	find >		
Secondary Diagnosis		find >		

CLIENT INFORMATION

Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
Date of Birth:	02/04/1984	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002
Gender:	Male	County:	Kings	Program End Date:	12/18/2004

Search Meds

Date of Service:	5/1/2004	Inquiry Date:	May 11, 2004	Inquiry Time:	1:58 AM
-------------------------	----------	----------------------	--------------	----------------------	---------

LAST NAME: GALINDO, EVC #: 924464JKLT.
CITY CODE: 43. PRMY AID CODE: 60.
MEDI-CAL ELIGIBLE W/ NO SOC. HEALTH
PLAN MEMBER: PHP-SANTA CLARA FAMILY
HEALTH PLAN: MEDICAL CALL
(408)260-4400. OTHER HEALTH INSURANCE
COVERAGE UNDER CODE K - KAISER. CARRIER
NAME: KAISER PERMANENTE HEALTH PLAN.
ID: 7820860. COV: OIMLPDV.



Click Close or X when you are finished viewing the MOPI data.

Clicking the Search MEDS link retrieves the MOPI Medi-Cal Point of Service information for viewing. You cannot save this information to CMS Net Web here. You must go to CMS Net/ MEDS Inquiry.

The search on this authorization screen is based upon the Service Begin Date and is for you to review and make decisions before authorizing the request.

16.4 Remove Service Code(s), if Necessary

1. Check the “Rem” checkbox for each service code that needs to be removed from the authorization.
2. Verify what was previously entered and modify if necessary.

Notes

For inpatient hospitals, there are no service codes to authorize.

SERVICE CODE INFORMATION							
Rem	Service Code	Modifier Type	Alternate Code	Service Description	Alternate Description	Units	Quantity Amount
DISTRIBUTION							
<div>Family</div>							
SPECIAL INSTRUCTIONS							
<div></div>						<div>Special Instructions</div>	
OTHER DETAILS							
Last Update Date: 05/11/2004				Last Update By: ASHIDA,EMI			
<div>Authorize</div> <div>Undo</div>							

16.5 Enter Distribution Information and Special Instructions

Notes

1. Select values in the “Distribution” list box for who should receive the authorization. You may select multiple values.
 - Distribution will show the managed care provider, the Healthy Families provider, private insurance provider, primary care provider (medical home), other addressee, patient address, MTU, and the family that is currently on record.
 - If no value is selected, you will receive 1 printed copy of the SAR.
2. One additional distribution may be selected by clicking on “Add Distribution”. A new window will open and allow for a free text entry of a distribution.
3. To enter special instructions, click the “Special Instructions” button.

DISTRIBUTION

FAMILY
BLUE CROSS OF CALIFORNIA PPO
SARAH EAKS, CCS SECT
MORENO VALLEY MTU

Add Distribution

SPECIAL INSTRUCTIONS

Special Instructions

OTHER DETAILS

Last Update Date: 12/20/2004 Last Update By: MCCARLEY, TRACI

Authorize **Undo**

Authorization | **Provider** | **Formulary** | **Procedure Code** | **Administration** | **Reports**

Add New Distribution

Distribution Name *
Address 1 *
Address 2
City *
State
Zip *

Continue **Clear**

To deselect the distribution value, hold the “ctrl” key and click the highlighted value. Otherwise, you may click the “Undo”

Standardized Special Instructions can be found by clicking the “Special Instructions” button.

Free-text can be typed in the Special Instructions text box here.

How to add one additional distribution for selection

Step 2



Distribution List

When “Family” is selected, a cover letter for the Primary Addressee from the Face Sheet will be generated along with a copy of the SAR.

For other selections that may appear in the Distribution list (ex: insurance/ managed care providers), a distribution cover letter and a copy of the SAR will be generated for each selection.

An extra copy of the SAR will be generated (which can be sent to the authorized provider)

4. Check the checkboxes for the standard language you wish to apply in the Special Instructions.
5. Click the “Continue” button.

List of Special Instructions

No.	Select	Special Instruction
1	<input type="checkbox"/>	In order for the CCS program to authorize services timely, please send findings, recommendations, treatment plan and progress reports at least every 6 months.
2	<input type="checkbox"/>	The services to treat the CCS eligible condition are carved out of the Healthy Families plans. Please bill the authorized services directly to the Medi-Cal Fiscal Intermediary.
3	<input type="checkbox"/>	Delta Dental will review all requests for authorization of dental services for CCS clients that require a Treatment Authorization Request (TAR) in accordance with existing Denti-Cal policies, procedures, and requirements.
4	<input checked="" type="checkbox"/>	This authorization valid only as long as client is enrolled in Medi-Cal. Family has not signed CCS program papers; therefore, client will not be enrolled in CCS with loss of Medi-Cal coverage.
5	<input type="checkbox"/>	Further authorizations for length of stay are contingent upon receipt of progress notes.
6	<input type="checkbox"/>	Further authorization for length of stay is contingent upon receipt of discharge summary.
7	<input type="checkbox"/>	Eligible for High Risk Infant Follow-Up until 3 years of age.
8	<input type="checkbox"/>	Infant covered under Mother's Medi-Cal only.
9	<input type="checkbox"/>	Current medical nutrition assessment is required every 6 months.
10	<input type="checkbox"/>	Refer to Title 22, California Code of Regulations, Section 51321 for rent to purchase regulations regarding Durable Medical Equipment and the Medi-Cal Provider Manual.
11	<input type="checkbox"/>	Provider must bill other health insurance (OHC) first; submit Explanation of Benefits (EOB) with claim.
12	<input type="checkbox"/>	Client will turn 21 years of age on next birthday and will no longer be eligible for CCS services.
13	<input type="checkbox"/>	DME 'By-Report' items: Model/Number: Manufacturer: Other: Please submit the following with your claim: 1. A copy of the CCS authorization; 2. Manufacturer's purchase invoice and the MSRP (a catalog page); 3. Item description; 4. Manufacturer name; 5. Model number; 6. Catalog number
14	<input type="checkbox"/>	Medical Foods: List each specific food in the Special Instructions Section with the following items: Item Number, Medical Food Product Name, Amount, and Price.
15	<input type="checkbox"/>	Medical Foods - Specific instructions for the provider. Please submit the following with your claim: 1. A copy of the CCS authorization; 2. Item description; 3. Invoice. Reauthorization instructions: If reauthorization is to be requested, please instruct the provider to submit the following one month before authorization expires: 1. A written prescription signed by a CCS paneled physician for low protein foods or other specific medical foods. Including specific quantity and vendor price of each medical food requested; 2. Snack foods are not to exceed 10 percent of the total price; 3. A copy of the current, within the last six months, nutritional assessment and treatment plan by the CCS paneled registered dietitian (RD) that includes the number of phenylalanine exchanges from low protein foods for PKU requests. The Center RD must see the CCS client every six months; 4. Current medical history and center evaluation, within the last six months, that includes diagnosis and medical conditions; 5. Documentation that the medical food is specially formulated and necessary for the specific dietary management of a disease or condition for which specific nutritional requirements exist.
16	<input type="checkbox"/>	Miscellaneous code Z5999 Non- DME. For this 'By-Report' code please submit the following items: 1. A copy of the CCS authorization; 2. Medical report that describes the procedure, and or detailed description and itemization of the services provided; 3. Cost of the service provided.
17	<input type="checkbox"/>	Speech therapy: If reauthorization is requested, provider must submit a progress report one month before authorization expires that includes the following: 1. Beginning baselines and ending performance for each goal, so that progress can easily be assessed by the reviewer; 2. Any new measurable goals with baseline performance, including means and method of measurement; 3. Attendance expressed as the number of sessions attended/sessions scheduled; 4. Information regarding any early intervention or school services received.
18	<input type="checkbox"/>	Aural Rehabilitation: If reauthorization is to be requested, provider must submit a progress report one month before authorization expires that includes the following: 1. Beginning baselines and ending performance for each goal, so that progress can easily be assessed by the reviewer; 2. Any new measurable goals with baseline performance, including means and method of measurement; 3. Attendance expressed as the number of sessions attended/sessions scheduled; 4. Information regarding any early intervention or school services received.
19	<input type="checkbox"/>	Hearing Aid Batteries: Please submit the manufacturer's invoice indicating the cost of each battery.
20	<input type="checkbox"/>	EPSDT-SS: Provider must submit claims for EPSDT Supplemental Services on a separate claim form from any other Medi-Cal benefit item/service. Include pricing attachment, if appropriate.
21	<input type="checkbox"/>	Medical Nutrition Therapy: Please submit the following information with your claim: 1. A copy of the CCS authorization; 2. A detailed description and itemization of the services provided; 3. Cost of the service provided. If reauthorization is to be requested, please instruct the clinician to submit a progress report one month before authorization expires that includes the following: 1. Completed Service Authorization Request form; 2. A copy of the progress notes, including progress made on previous goals; 3. A copy of the current nutritional plan of treatment, including therapeutic goals, and anticipated time for achievement; 4. Parent/legal guardian and/or parent agree(s) to cooperate with the proposed medical nutrition therapy plan.
22	<input type="checkbox"/>	Medical Supplies: As required for medical supply claims, all manufacturer codes and catalog numbers must be documented. Please refer to the Medi-Cal manual for billing instructions.
23	<input type="checkbox"/>	Primary Care Provider: This child/youth is assigned to following CCS Special Care Center (SCC): Name of Center: Address of Center: Phone Number of Center: You are authorized to provide healthcare services related to you patient's CCS medically eligible condition in conjunction with the physicians at the above noted CCS Special Care Center.
24	<input type="checkbox"/>	Newborn Hearing Program: Claims for services provided to children with other third party insurance must be submitted to the insurance carrier or HMO prior to billing the CCS program for the services. A denial of payment from the third-party payer must accompany the claim.
25	<input type="checkbox"/>	When rental reimbursement paid to date for this requested DME item has reached or exceeded the Medi-Cal program allowable purchase price, as per California Code of Regulations, Title 22, Section 51321(c)(C), no further rental reimbursement shall be authorized, and the item is considered purchased. Please provide the client's family with maintenance and care information for the equipment, and warranty information, of any. CCS will authorize and reimburse for necessary service/repairs, supplies and accessories for all purchased DME.

1-25 out of 28 Matching Records

Back

Continue

Next Records>>

There are many choices to select for standardized language for “Special Instructions.”

16.6 Note Regarding SARs Requiring State Approval

The authorizations for EPSDT-SS and CCS-SS SARs that require state approval are performed in the same way as described in this chapter.

An example of an EPSDT-SS SAR requiring state approval is included in Appendix B.

16.7 Authorize the SAR

1. To save updates to the SAR, to validate the business rules for the SAR, and to update the status of the SAR, click the “Authorize” button.
2. For the authorized services that pass all validation rules, the status of the SAR will be updated to “authorized.”
 - The narrative page will open. From there, the user will have the ability to print the authorized SAR and/or cover letters.

The screenshot displays a web-based form for SAR authorization. It is divided into several sections:

- SERVICE CODE INFORMATION:** Contains a table with columns: Rem, Service Code, Modifier Type, Alternate Code, Service Description, Alternate Description, Units, Quantity, and Amount.
- DISTRIBUTION:** Includes a text box labeled 'Family'.
- SPECIAL INSTRUCTIONS:** Features a large text area with the text 'Further authorizations for length of stay are contingent upon receipt of progress notes.' and a red 'Special Instructions' button.
- OTHER DETAILS:** Shows 'Last Update Date: 05/11/2004' and 'Last Update By: ASHIDA,EMI'.

 At the bottom of the form, there are two red buttons: 'Authorize' and 'Undo'. The 'Authorize' button is circled with a black line, and a mouse cursor is pointing at it.



Please refer to Appendix A – Business Rules “Authorize/Extend SAR” for a list of SAR eligibility and authorization rules.



Modifying Authorizations

Authorized SAR data is transmitted to the fiscal intermediary for claims processing each night after CMS Net Web shuts down. You can modify the SAR up through the same day the SAR is authorized. However, if the SAR information has already been sent to the fiscal intermediary, you must cancel the SAR and/or enter a new one.

16.8 The Authorization

Notes

When the user clicks the “Print Letters” on the Narrative Page after authorizing a Service Request, CMS Net Web will generate an authorization for the provider and for each highlighted selection in the distribution drop-down field.

SAR #: 97000000680

CONFIDENTIAL
CALIFORNIA CHILDREN'S SERVICES (CCS)
SRO-SACRAMENTO REGIONAL OFFICE
P.O. BOX 997413
MS 8100
SACRAMENTO, CA 95899-7413
TELEPHONE: (916) 327-3100

Authorized Provider: KAISER FOUNDATION HOSP
10800 MAGNOLIA AVE
RIVERSIDE CA 92505-3000

Provider Number: HSP30686F
Telephone: (714) 785-4600

AUTHORIZATION FOR SERVICES

Authorization is for services and effective dates indicated below, in accordance with CCS program policies and fee schedule. Authorization for additional services not listed below must be requested in advance. By providing these authorized services, I agree to accept payment from the CCS program as payment in full. If you have a Service Code Grouping (SCG) authorization, please check your Medi-Cal manual for services included in the SCG.

CCS CLIENT INFORMATION

Client Name: FRANCISCO CARLOS CHAVEZ III
Parent/Guardian: CAMELIA CHAVEZ
Address: 5704 NEWARK
CORCORAN, CA 93212

Client Index Number: 97461633C5
Medi-Cal Number: 16820140248Z01
CCS Case Number: 3331366
DOB: 02/04/1984
Telephone: (559) 992-5234

Primary Diagnosis: 745.4 VENTRICULAR SEPTAL DEFECT
Secondary Diagnosis:

AUTHORIZATION INFORMATION

Effective Dates: 07/01/2004 through 09/01/2004

Number of days: 10

SPECIAL INSTRUCTIONS

In order for the CCS program to authorize services timely, please send findings, recommendations, treatment plan and progress reports at least every 6 months. This authorization valid only as long as client is enrolled in Medi-Cal. Family has not signed CCS program papers; therefore, client will not be enrolled in CCS with loss of Medi-Cal coverage.

Please refer to the Medi-Cal manual for billing instructions. Thank you for your continued participation in the California Children's Services Program.

Issued By: MCCARLEY, TRACI (SRO)

Date Authorized: 08/31/2004

SAR #: 97000000680



Addresses Pertaining to Providers in the Authorize Cover Letter

- SARs with medical providers and hospitals will be generated with the service address of the provider. The address will automatically be inserted in the authorize cover letter.
- SARs with SCC providers will be generated with the “Send Authorization” address of the SCC. The address will automatically be inserted into the authorize cover letter.

16.9 Cover Letter for the Managed Care and Insurance Provider(s) Selected in the Distribution List Box

Notes

When the user clicks the “Print Letters” on the Narrative Page after authorizing a Service Request, CMS Net Web will also generate a distribution cover letter for the managed care and insurance provider(s) selected in the distribution drop-down list.

<Current-Date>

<User.County> County California Children’s Services

<County.Address>

<County.City>, CA <County.Zip>

<CountyPhone-Number>

<Distribution-Name>

RE: <Client-Name>

<Distribution-Address-Line-1>

Birth Date: <Date-of-Birth>

<Distribution.Cty>, <Distribution.State>

CCS#: <CCS-Number>

<Distribution.Zip>

County: <Legal-County>

Dear <Distribution-Name>

California Children’s Services has authorized <SAR-Number> for <Client-Name> effective <Service-Begin-Date> through <Service-End-Date> for the following services:

<Service-Code> <Service-Description>

Care coordination is critical in order for Children with Special Health Care Needs to receive timely and appropriate healthcare from CCS paneled/approved providers. Thank you for your continued healthcare coordination with the CCS program. If you have any questions, please call us at <CountyPhone-Number>.

Sincerely yours,

California Children’s Services

16.10 Family Cover Letter for Treatment and Vendored Therapy Services

When the user clicks the “Print Letters” on the Narrative Page after authorizing a Service Request, CMS Net Web will generate a family cover letter when the user selects “Family” in the distribution drop-down list.

This cover letter is generated when the user selects “Treatment” or “Vendored Therapy” in the Reporting Category field on the Authorize SAR page.

<Current Date>
 California Children's Services
 <County or Regional Office>
 <County or Regional Office Address Line 1>
 <County or Regional Office Address Line 2>
 <County or Regional Office City, State Zip-Zip+4>

I <Parent Name>	Re:	<Client-Name>
<Client Primary Address Line 1>	CCS#:	<Client-CCS#>
<Client Primary Address Line 2>	DOB:	<Client-DOB>
<Client Primary City, State, Zip-Zip+4>	County:	<County>

Authorization For Treatment Services

<Client-Name> has been authorized for services in the CCS program. Service Authorization 999999999999 is effective from <Service-Begin-Date> to <Service-End-Date> with the following Special Care Center (SCC), specialist, or provider:

<Provider-Name>
 <Service-Address-Line-1>
 <Service-Address-Line-2>
 <City, State, Zip-Zip+4>

Please call the above provider at: <Provider-Phone><Provider-Phone_Ext> for appointments and follow-up.

Remember to take your Beneficiary Identification Card (BIC), in addition to any other Health Plan cards to your appointment. Please inform the office of your CCS coverage and authorization for treatment.

As part of your child's medical care your doctor may give you a prescription for medicine. When you take this prescription to your pharmacy to get the medicine, show a copy of this letter to the pharmacist.

Please call the <County/Regional Office> CCS office at <County/Region Phone Number> if you are referred to any other source for treatment. All authorizations must be made in advance by the CCS office.

Sincerely,

California Children's Services

C-51, <LETTER NUMBER>
 Treatment/Therapy

16.11 Family Cover Letter for Diagnostic Services

When the user clicks the “Print Letters” on the Narrative Page after authorizing a Service Request, CMS Net Web will generate a family cover letter when the user selects “Family” in the distribution drop-down list.

This cover letter is generated when the user selects “Diagnostic” in the Reporting Category field on the Authorize SAR page.

<Current Date>
 California Children's Services
 <County or Regional Office>
 <County or Regional Office Address Line 1>
 <County or Regional Office Address Line 2>
 <County or Regional Office City, State Zip-Zip+4>

<Parent Name>	Re:	<Client-Name>
<Client Primary Address Line 1>	OCS#:	<Client-OCS#>
<Client Primary Address Line 2>	DOB:	<Client-DOB>
<Client Primary City, State, Zip-Zip+4>	County:	<County>

Authorization For Diagnostic Evaluation

<Client-Name> has been authorized for services necessary to establish a OCS medically eligible condition. Service Authorization 9999999999 is effective from <Service-Begin-Date> to <Service-End-Date> with the following Special Care Center (SOC) or specialist:

<Provider-Name>
 <Service-Address-Line-1>
 <Service-Address-Line-2>
 <City, State, Zip-Zip+4>

Please call the above SOC or specialist at: <Provider-Phone><Provider-Phone_Ext> to schedule your appointment.

Remember to take your Beneficiary Identification Card (BIC), in addition to any other Health Plan cards to your appointment. Please inform the office of your OCS coverage and authorization for diagnostic evaluation.

As part of your child's medical care your doctor may give you a prescription for medicine. When you take this prescription to your pharmacy to get the medicine, show a copy of this letter to the pharmacist.

Please call the <County/Regional Office> OCS office at <County/Region Phone> if you are referred to any other source for evaluation. All authorizations must be made in advance by the OCS office.

Sincerely,

California Children's Services

17 Narrative/Print SAR

Introduction to Narrative/Print SAR

CMS Net Web users can create narrative entries. To view and print narrative entries, the user must go to CMS Net and access the narrative options.

Objectives

At the completion of this section, you will be able to:

- Add a narrative entry in CMS Net Web.
- Print a SAR and SAR cover letters during the authorization process

17.1 Print Letters

1. To Print Letters from the Narrative, click the “Print Letters” button.

Authorization	Provider	Formulary	Procedure Code	Administration	Reports
FRANCISCO CARLOS CHAVEZ III, 3331366			AUTHORIZED, SAR ID 97000008970		
CLIENT INFORMATION					
Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	02/04/1984	Diagnostic Only:	No	PSA Status:	SIGNED
CII:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002
Gender:	Male	County:	Kings	Program End Date:	12/18/2004
NARRATIVE INFORMATION					
Narrative Date:	05/11/2004				
General Topic:	Service Authorization #97000008970, Status: Authorized				
User:	WHITAKER, LAVORRA				
Provider:	KAISER FOUNDATION HOSP				
Service Period:	05/01/2004 thru 11/20/2004				
Provider Type:	COMMUNITY INPATIENT HOSPITAL				
Distribution:					
ADDITIONAL INFORMATION					
Service Code	Service Description				
NARRATIVE TEXT					
<div></div>					
<div>Print Letters Save Cancel</div>					

Notes

Whatever action was taken to access the Narrative (authorize, deny, cancel, or extend), the user has the option to print the corresponding letter.

The number of selections clicked in the “distribution” drop down will determine how many sets of letters will be produced.

Make sure to select “print letters”. If not selected, no cover letters will be generated only the SAR itself.



The “Print Letters” button will pop-open a new window and generate the following documents depending on the highlighted selections in the Distribution List box:

- Cover Letter for the Family
- Cover Letter for the distribution selections
- Copies of the Service Authorization

2. On the File Menu, select Print.

Children's Medical Services - Microsoft Internet Explorer provided by Deloitte Consulting

File Edit View Favorites Tools Help

CONFIDENTIAL SAR #: 97000008970

P.O. BOX 997413
CALIFORNIA CHILDREN'S SERVICES (CCS)
MS 8100
SACRAMENTO, CA 95899-7413
(916) 327-3100
TELEPHONE:

Provider: KAISER FOUNDATION HOSP
10800 MAGNOLIA AVE
RIVERSIDE CA 92505-3000

Provider Number: HSP30686F
Telephone: (714) 785-4600

AUTHORIZATION FOR SERVICES

Authorization is for services and effective dates indicated below, in accordance with CCS program policies and fee schedule. Authorization for additional services not listed below must be requested in advance. By providing these authorized services, I agree to accept payment from the CCS program as payment in full. If you have a Service Code Grouping (SCG) authorization, please check your Medi-Cal manual for services included in the SCG.

CCS CLIENT INFORMATION

Client Name: FRANCISCO CARLOS CHAVEZ III Client Index Number: 97461633C5
Parent/Guardian: CAMELIA CHAVEZ Medi-Cal Number #: 16370120420Z02
Address: 5704 NEWARK CORCORAN, CA 93212 CCS Case Number: 3331366
(559) 992-5234 DOB: 02/04/1984
Telephone:

AUTHORIZATION INFORMATION

Effective Dates: 05/01/2004 through 11/20/2004 Number of days: 10

SPECIAL INSTRUCTIONS

Further authorizations for length of stay are contingent upon receipt of progress notes.

Please refer to the Medi-Cal manual for billing instructions. Thank you for your continued participation in the California Children's Services Program.

Issued By: WHITAKER, LAVORRA Date Authorized: 05/11/2004

3. Click "Print" on the Print dialog box.

Print

General Options

Select Printer

Land Park on http://10.21.161.123 McKinley Park on http://10.21.161.123
Lexmark Optra Color 1200 PS Old Sac on http://10.21.161.123
Lexmark Project bw Printer RightFax Fax Printer

Status: Ready ☐ Print to file Preferences
Location: Find Printer...
Comment:

Page Range

☒ All ☐ Selection ☐ Current Page
☐ Pages: 1
Enter either a single page number or a single page range. For example, 5-12

Number of copies: 1
☒ Collate

1 2 3 1 2 3

Print Cancel Apply

17.2 How to Create a Narrative Entry in CMS Net Web

Notes

Entries can be updated to the Narrative when a SAR has been:

- Entered
- Authorized
- Denied
- Cancelled
- Extended

17.2.1 Entry into the Narrative Page

After the user enters, authorizes, denies, cancels, extends, or modifies a SAR, the user will be taken to the Narrative page.



The screenshot shows a web interface for entering narrative text. At the top, there is a header bar labeled "NARRATIVE TEXT". Below this is a large, empty text area with a vertical scrollbar on the right side. At the bottom of the page, there are three red buttons with white text: "Print Letters", "Save", and "Cancel".

17.2.2 Enter Narrative Information

1. Enter additional narrative text if appropriate.
2. Click the “Save” button.

Authorization Provider Formulary Procedure Code Administration Reports			
FRANCISCO CARLOS CHAVEZ III, 3331366		AUTHORIZED, SAR ID 97000008970	
CLIENT INFORMATION			
Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE
DOB:	02/04/1984	Diagnostic Only:	No
CMI:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY
Gender:	Male	County:	Kings
Reg Status:	ACTIVE		
Application Status:	SIGNED APP		
PSA Status:	SIGNED		
Program Begin Date:	12/18/2002		
Program End Date:	12/18/2004		
NARRATIVE INFORMATION			
Narrative Date:	05/11/2004		
General Topic:	Service Authorization #97000008970, Status: Authorized		
User:	WHITAKER, LAVORRA		
Provider:	KAISER FOUNDATION HOSP		
Service Period:	05/01/2004 thru 11/20/2004		
Provider Type:	COMMUNITY INPATIENT HOSPITAL		
Distribution:			
ADDITIONAL INFORMATION			
Service Code	Service Description		
NARRATIVE TEXT			
Enter comments for the authorization here. <div> <input type="text"/> </div>			
<div> <input type="button" value="Print Letters"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/> </div>			

Automatic narrative will be inserted in patient record when “Save” is selected.

Additional narrative text will be inserted in patient record if typed here.



To access the client’s narrative records, you must log into CMS Net.

18 Re-Print a SAR

Introduction to Print a SAR

If a SAR has been authorized or extended, the user may click “Print” from View SAR. The Windows Print Dialogue Box will appear.

Objectives

At the completion of this section, you will be able to:

- Print a SAR

18.1 Entry into the Print SAR Tab

Notes

Enter through View SAR Details

1. Search for the SAR and view the details on View SAR Details.
2. For the SARs that have an “authorized” or “extended” status, click the “Print” tab.

BRIAN MATTHEW TESTA, 2463624**AUTHORIZED, SAR ID 97000002740**

AuthorizeDenyCancelModifyExtendDeletePrint

CLIENT INFORMATION

Client Name:	BRIAN MATTHEW TESTA	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	2463624	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	04/25/1992	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	91617111D9	CCS Elig Status:	9K CCS	Program Begin Date:	04/30/2004
Gender:	MALE	County:	RIVERSIDE	Program End Date:	04/29/2005

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address:	75 PRINGLE WAY, STE 801, RENO, NV, 89502-8400	County:	

SAR INFORMATION

SAR Number:	97000002740	Request Date:	10/10/1999
Service Begin Date:	08/09/2004	Service End Date:	10/10/2004
No Of Days:	63	State Funded:	N
EPSDT-SS:	N	CCS-SS:	N
State Approved Category:			
Primary Diagnosis:	343.2 QUADRIPLEGIC INFANTILE CEREBRAL PALSY		
Secondary Diagnosis:	331.4 OBSTRUCTIVE HYDROCEPHALUS		

SERVICE REQUEST AUTHORIZATION

Service Code	Modifier	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
33310			EXPLORATORY HEART SURGERY		1		
01			PHYSICIAN		1		

AUTHORIZATION DETAILS

Date:	12/20/2004	Authorized By:	MCCARLEY, TRACI	Reporting Category:	TREATMENT
Special Instructions:					

DENIAL DETAILS

Date:		Denied By:		Effective Date:	
Denial Reason:					

CANCELLATION DETAILS

Date:		Canceled By:	
Cancellation Reason:			

EXTENSION DETAILS

Date:		Extended By:		Extended SAR No:	
--------------	--	---------------------	--	-------------------------	--

OTHER DETAILS

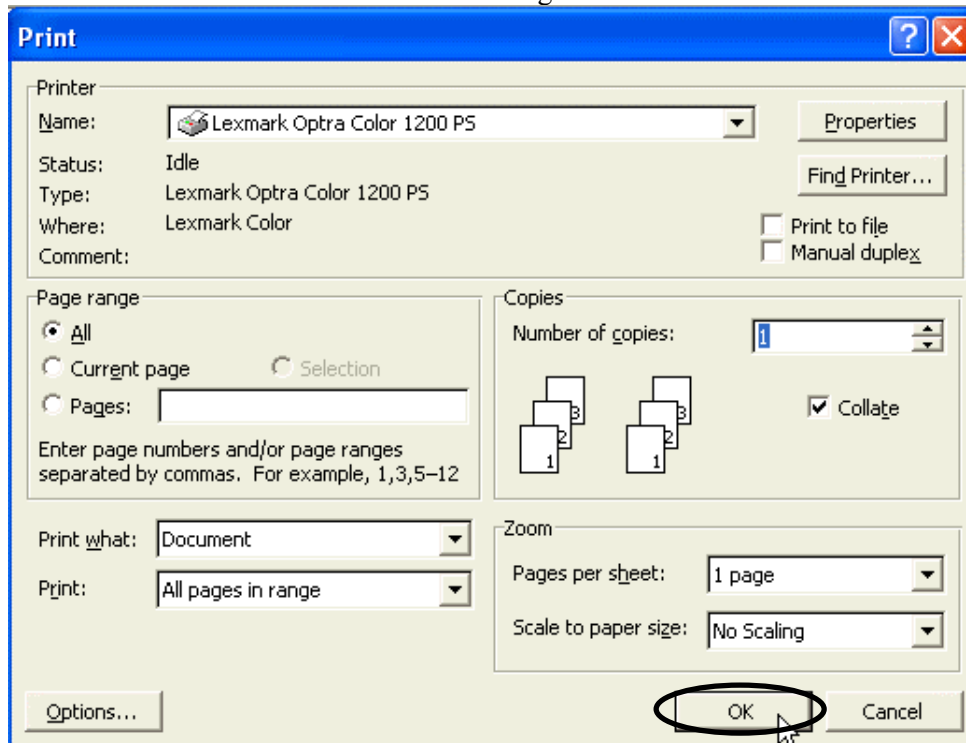
Last Update Date:	12/20/2004	Last Update By:	MCCARLEY, TRACI
--------------------------	------------	------------------------	-----------------

Add SAR For Same Client

18.2 Click “Print” from the Windows Print Dialogue Box

Notes

1. Find the Windows Print Dialogue Box.
2. Click the “OK” button on the Print Dialogue Box.



19 Modify a SAR

Introduction to Modify a SAR

At certain points in the process, users granted with the appropriate security access can modify a SAR. Modifications are permitted:

- For SARs that are in “Pending,” “SAR Requesting Approval,” “State Approved-Yes” and “State Approved-No” status
- On the *same day* that SARs are “Authorized,” “Extended,” status prior to data being sent to the Fiscal Intermediaries. However, only the number of days, service begin date, service end date, special instructions and reporting category may be modified. NO ADDITIONAL SERVICES MAY BE ADDED.

Objectives

At the completion of this section, you will be able to:

- Modify a SAR

19.1 How to Get to the SAR

1. Search for the SAR and view the details on View SAR Details.
2. Click the “Modify” tab

[Authorization](#) | [Provider](#) | [Formulary](#) | [Procedure Code](#) | [Administration](#) | [Reports](#)

View SAR

FRANCISCO CARLOS CHAVEZ III, 3331366		AUTHORIZED, SAR ID 97000000680				
Authorize	Deny	Cancel	Modify	Extend	Delete	Print
CLIENT INFORMATION						
Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE	
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP	
DOB:	02/04/1984	Diagnostic Only:	NO	PSA Status:	SIGNED	
CIN:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002	
Gender:	MALE	County:	KINGS	Program End Date:	12/18/2004	
PROVIDER INFORMATION						
Provider Name:	KAISER FOUNDATION HOSP			Provider Number:	HSP30686F	
Address:	10800 MAGNOLIA AVE,RIVERSIDE,CA,92505-3000			County:	RIVERSIDE	
SAR INFORMATION						
SAR Number:	97000000680	Request Date:	06/30/2004			
Service Begin Date:	07/01/2004	Service End Date:	09/01/2004			
No Of Days:	10	State Funded:	N			
EPSDT-SS:	N	CCS-SS:	N			
State Approved Category:						
Primary Diagnosis:	745.4 VENTRICULAR SEPTAL DEFECT					
Secondary Diagnosis:						
SERVICE REQUEST AUTHORIZATION						
Service Code	Modifier	Alternate Code	Service Description	Alternate Description	Units	Quantity/Amount
AUTHORIZATION DETAILS						
Date:	04/26/2004	Authorized By:	WHITAKER,LAVORRA	Reporting Category:	Treatment	
Special Instructions:						
DEIAL DETAILS						
Date:		Denied By:		Effective Date:		
Denial Reason:	Denied SAR No:					
CANCELLATION DETAILS						
Date:		Canceled By:		Effective Date:		
Cancellation Reason:						
EXTENSION DETAILS						
Date:		Extended By:		Extended SAR No:		
OTHER DETAILS						
Last Update Date:	04/26/2004	Last Update By:	WHITAKER,LAVORRA			

Notes

19.2 How to Modify the SAR

1. Update the SAR.

- For SARs in “Pending” and “Request Approval,” users will be taken to “Enter SAR Components.”
- For SARs in “Authorized,” “State Approved-Yes,” and “State Approved-No” status, users granted SAR AUTHORIZE security will be taken to the “Authorize” tab.
- For SARs in “Extended” status, users will be taken to the “Extend” tab.

2. Click the button at the bottom of the page. Depending on the page, this may be the “Submit,” “Authorize,” or “Extend” button.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Enter SAR

FRANCISCO CARLOS CHAVEZ III, 3331366

Required fields are marked in *

CLIENT INFORMATION

Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
Date of Birth:	02/04/1984	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	97461633CS	CCS Elig Status:	9N CCS-MC ONLY	Program Begin Date:	12/18/2002
Gender:	MALE	County:	KINGS	Program End Date:	12/18/2004

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address:	75 PRINGLE WAY, STE 801, RENO, NV, 89502-8400	County:	

SAR INFORMATION

SAR Number: SAR Status:

Service Begin Date * Jul 1 2004 Service End Date Sep 1 2004

Service Request Date * Jun 3 2004 Number of Days

EPDST-SS ☐ Category Select

CCS SS ☐ State Approved ☐ Yes ☐ No

State Funded ☐

Primary Diagnosis* 745.4 VENTRICULAR SEPTAL DEFECT

Secondary Diagnosis

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	33310	Select	K		EXPLORATORY HEART SURGERY		1		
<input type="checkbox"/>	01	Select			PHYSICIAN		1		

SPECIAL INSTRUCTIONS



Modifying Authorized and Extended SARs

“Authorized” and “Extended” SARs can *only* be modified on the SAME day that the transaction was made (prior to the data being sent to the Fiscal Intermediaries).

20 Extend a SAR

Introduction to Extend a SAR

In order for services to continue the delivery of services, a SAR can be “extended.” The user can search for a SAR, and click the “extend” tab.

In technical terms, the original SAR will end. The SAR with the extended services will receive a new SAR number.

Objectives

At the completion of this section, you will be able to:

- Extend a SAR

20.1 Entry into the Extend SAR Tab

Notes

Enter through View SAR Details

1. Search for the SAR and view the details on View SAR Details.
2. Click the “Extend” tab.

Authorization Provider Formulary Procedure Code Administration Reports			
FRANCISCO CARLOS CHAVEZ III, 3331366		AUTHORIZED, SAR ID 97000002740	
CLIENT INFORMATION			
Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE
DOB:	02/04/1984	Diagnostic Only:	No
CII:	97461633C5	CCS Elig Status:	9N CCS-MAC ONLY
Gender:	Male	County:	Kings
Reg Status:	ACTIVE	Application Status:	SIGNED APP
		PSA Status:	SIGNED
		Program Begin Date:	12/18/2002
		Program End Date:	12/18/2004
PROVIDER INFORMATION			
Provider Name:	KAISER FOUNDATION HOSP	Provider Number:	HSP30686F
Address:	10800 MAGNOLIA AVE,RIVERSIDE,CA,92505-3000	County:	Riverside
SAR INFORMATION			
SAR Number:	97000002740	Request Date:	04/19/2004
Service Begin Date:	05/01/2004	Service End Date:	11/20/2004
No Of Days:	10	State Funded:	No
EPSDT-SS:	No	CCS-SS:	No
State Approved Category:			

Field descriptions are provided in CMS Net Web Online Help.

20.2 Enter SAR Extension and Distribution Information

Notes

- Enter the name of the person for the “Extended By” field.
 - A default name is provided for the user who is logged in CMS Net Web.
- Click the “find” button.

Extend SAR

BRIAN MATTHEW TESTA, 2463624 **AUTHORIZED, SAR ID 97000002740**

CLIENT INFORMATION

Client Name:	BRIAN MATTHEW TESTA	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	2463624	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	04/25/1992	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	91617111D9	CCS Elig Status:	9K CCS	Program Begin Date:	04/30/2004
Gender:	MALE	County:	RIVERSIDE	Program End Date:	04/29/2005

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address 1 *	75 PRINGLE WAY	Address 2	STE 801
City *	RENO	County *	Select
State *	NV	Zip *	89502-8400

Edit Provider

SAR INFORMATION

SAR Number:	97000002740	Request Date:	10/10/1999
Service Begin Date:	08/09/2004	Service End Date:	10/10/2004
No Of Days:	63	State Funded:	N
EPSTT-SS:	N	CCS-SS:	N

State Approved Category:

SAR EXTENSION INFORMATION

Extended By * MCCARLEY,TRACI **find** **Date Extended** 12/20/2004

Service Begin Date 10/11/2004 **Service End Date *** Mon Day Year

Number of Days

DISTRIBUTION

FAMILY
BLUE CROSS OF CALIFORNIA PPO
SARAH EAKS CCS SECT
MORENO VALLEY MTU

Add Distribution

SPECIAL INSTRUCTIONS

Special Instructions

OTHER DETAILS

Last Update Date: 12/20/2004 **Last Update By:** MCCARLEY,TRACI

Authorize **Undo**

The provider address may be edited for mailing purposes. However, this does not update the Provider Master File.

- Select by clicking the name of the user in the user search results.

Search Results - List of WHITAKER,LAVORRA Names

Lastname	Firstname	Region	County
WHITAKER	LAVORRA		

Notes

4. Enter the “Service End Date” for the extended SAR.
5. Enter Number of Days.
6. Select values in the “Distribution” list box for who should receive the authorization. You may select multiple values.

Extend SAR

BRIAN MATTHEW TESTA, 2463624 AUTHORIZED, SAR ID 97000002740

CLIENT INFORMATION			
Client Name:	BRIAN MATTHEW TESTA	F/R Elig:	ELIGIBLE
CCS Number:	2463624	Med Elig Status:	ELIGIBLE
DOB:	04/25/1992	Diagnostic Only:	NO
CIN:	91617111D9	CCS Elig Status:	9K CCS
Gender:	MALE	County:	RIVERSIDE
Reg Status:	ACTIVE	Application Status:	SIGNED APP
		PSA Status:	SIGNED
		Program Begin Date:	04/30/2004
		Program End Date:	04/29/2005

PROVIDER INFORMATION	
Provider Name:	TETZLAFF, THOMAS R MD
Address 1 *	75 PRINGLE WAY
City *	RENO
State *	NV
Provider Number:	FS4901334
Address 2	STE 801
County *	Select
Zip *	89502-8400

Edit Provider

SAR INFORMATION	
SAR Number:	97000002740
Service Begin Date:	08/09/2004
No Of Days:	63
EPSTT-SS:	N
State Approved Category:	
Request Date:	10/10/1999
Service End Date:	10/10/2004
State Funded:	N
CCS-SS:	N

SAR EXTENSION INFORMATION	
Extended By *	MCCARLEY,TRACI find
Service Begin Date	10/11/2004
Number of Days	
Date Extended	12/20/2004
Service End Date *	Mon Day Year

DISTRIBUTION	
FAMILY BLUE CROSS OF CALIFORNIA PPO SARAH EAKS, CCS SECT MORENO VALLEY MTU	Add Distribution

SPECIAL INSTRUCTIONS	
	Special Instructions

OTHER DETAILS	
Last Update Date:	12/20/2004
Last Update By:	MCCARLEY,TRACI

Authorize **Undo**

The “Service Begin Date” for the extended SAR will automatically be pre-filled with the date that is one day after the original SAR End Date.

The Number of Days is limited to the Level of Service Approved for the Inpatient Hospital. The Number of Days on this extension will be added to the number of days on the authorization. The cumulative number of days must be less than the level of service for the hospital.



The extended SAR will receive a new SAR number. However, the extension will be linked to the original SAR for tracking purposes.

20.3 Extend the SAR

- 1. To complete the SAR extension, click the “Extend” button.
- 2. For the extended services that pass all validation rules, an extended SAR will be created with a status of “Extended.”
 - The narrative page will open. From there, the user will have the ability to print the letter and the SAR extension.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

FRANCISCO CARLOS CHAVEZ III, 3331366 AUTHORIZED, SAR ID 97000002740

CLIENT INFORMATION

Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	02/04/1984	Diagnostic Only:	No	PSA Status:	SIGNED
CII:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002
Gender:	Male	County:	Kings	Program End Date:	12/18/2004

PROVIDER INFORMATION

Provider Name:	KAISER FOUNDATION HOSP	Provider Number:	HSP30686F
Address:	10800 MAGNOLIA AVE,RIVERSIDE,CA,92505-3000	County:	Riverside

SAR INFORMATION

SAR Number:	97000002740	Request Date:	04/19/2004
Service Begin Date:	05/01/2004	Service End Date:	11/20/2004
No Of Days:	10	State Funded:	No
EPSDT-SS:	No	CCS-SS:	No
State Approved Category:			

DISTRIBUTION

Family

OTHER DETAILS

Last Update Date: 04/26/2004 Last Update By: ASHIDA,EMI

Extend Undo



Please refer to Appendix A – Business Rules “Authorize/ Extend SAR” for a list of SAR eligibility and authorization rules. Extensions are subjected to the rules as are authorizations.

20.4 Generating Copies of the Authorization and the Letters

Notes

Copies of the authorization and the letters are based on the values selected in the Distribution List Box on the Extend SAR page. After the “Extend” button is clicked on the Extend SAR page, the user will be taken to the Narrative.

On the Narrative page, there is a “Print Letters” button. When the user clicks this button, a pop-up window will appear containing all of the letters and copies of the authorization. Please refer to Section 9.1.3 Print Letters for more details.

The letters and the authorizations for “Extend” are the same format as that for “Authorize.”

20.5 To View the Extended SAR

Notes

1. Search for the SAR with the original authorization SAR number.
2. View the SAR details.
3. In the Extension Details portion of the page, refer to the Extended SAR No field.

[Authorization](#) | [Provider](#) | [Formulary](#) | [Procedure Code](#) | [Administration](#) | [Reports](#)

View SAR

FRANCISCO CARLOS CHAVEZ III, 3331366				AUTHORIZED, SAR ID 97000000680		
Authorize	Deny	Cancel	Modify	Extend	Delete	Print
CLIENT INFORMATION						
Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE	
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP	
DOB:	02/04/1984	Diagnostic Only:	NO	PSA Status:	SIGNED	
CIN:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002	
Gender:	MALE	County:	KINGS	Program End Date:	12/18/2004	
PROVIDER INFORMATION						
Provider Name:	KAISER FOUNDATION HOSP			Provider Number:	HSP30686F	
Address:	10800 MAGNOLIA AVE,RIVERSIDE,CA,92505-3000			County:	RIVERSIDE	
SAR INFORMATION						
SAR Number:	97000000680	Request Date:	06/30/2004			
Service Begin Date:	07/01/2004	Service End Date:	09/01/2004			
No Of Days:	10	State Funded:	N			
EPSDT-SS:	N	CCS-SS:	N			
State Approved Category:						
Primary Diagnosis:	745.4 VENTRICULAR SEPTAL DEFECT					
Secondary Diagnosis:						
SERVICE REQUEST AUTHORIZATION						
Service Code	Modifier	Alternate Code	Service Description	Alternate Description	Units	Quantity/Amount
AUTHORIZATION DETAILS						
Date:		Authorized By:			Reporting Category:	
Special Instructions:						
DEIAL DETAILS						
Date:		Denied By:			Effective Date:	
Denial Reason:	Denied SAR No:					
CANCELLATION DETAILS						
Date:		Canceled By:			Effective Date:	
Cancellation Reason						
EXTENSION DETAILS						
Date:	04/26/2004	Extended By:	WHITAKER,LAVORRA	Extended SAR No:	97000002870	
OTHER DETAILS						
Last Update Date:	04/26/2004	Last Update By:	ASHIDA,EMI			

Field descriptions are provided in CMS Net Web Online Help.

21 Cancel a SAR

Introduction to Cancel a SAR

Once an authorization has been authorized or extended, the SAR may be canceled. To cancel a SAR, first search for the SAR. From the View SAR page, those with security access will be able to click and access the Cancel SAR tab.

Objectives

At the completion of this section, you will be able to:

- Cancel a SAR

21.1 Entry into the Cancel SAR Tab

Enter through View SAR Details

1. Search for the SAR and view the details on View SAR Details.
2. Click the “Cancel” tab.

Cancel SAR

BRIAN MATTHEW TESTA, 2463624 AUTHORIZED, SAR ID 97000002740

Required fields are marked *

CLIENT INFORMATION

Client Name:	BRIAN MATTHEW TESTA	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	2463624	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	04/25/1992	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	91617111D9	CCS Elig Status:	9K CCS	Program Begin Date:	04/30/2004
Gender:	MALE	County:	RIVERSIDE	Program End Date:	04/29/2005

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address 1 *	75 PRINGLE WAY	Address 2	STE 801
City *	RENO	County *	Select
State *	NV	Zip *	89502-8400

[Edit Provider](#)

SAR INFORMATION

SAR Number:	97000002740	Request Date:	10/10/1999
Service Begin Date:	08/09/2004	Service End Date:	10/10/2004
No Of Days:	63	State Funded:	N
EPSDT-SS:	N	CCS-SS:	N
State Approved Category:			

SAR CANCELLATION INFORMATION

Correspondence ☒ NOA ☐ LETTER

Canceled By * MCCARLEY,TRACI [find](#) Effective Date * Mon Day Year

Date Canceled December 20, 2004

Reason for Cancellation * Select

Citation * Select

Cancellation Letter Text

DISTRIBUTION

FAMILY
BLUE CROSS OF CALIFORNIA PPO
SARAH EAKS,CCS SECT
MORENO VALLEY MTU

[Add Distribution](#)

OTHER DETAILS

Last Update Date: 12/20/2004 Last Update By: MCCARLEY,TRACI

[Cancel SAR](#) [Undo](#)

Notes

The provider address may be edited for mailing purposes. However, this does not update the Provider Master File.

Correspondence will dictate the type of letter generated.

NOA will print a Notice of Action and will default for cases with an Application Status of “Signed App”

Letter will print a Cancellation Letter

21.2 Enter SAR Cancellation Information

- Enter the name of the person for the “Canceled By” field.
 - A default name is provided for the user who is logged in CMS Net Web.
- Click the “find” button.

Cancel SAR

BRIAN MATTHEW TESTA, 2463624 **AUTHORIZED, SAR ID 97000002740**

Required fields are marked in *

CLIENT INFORMATION

Client Name:	BRIAN MATTHEW TESTA	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	2463624	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	04/25/1992	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	91617111D9	CCS Elig Status:	9K CCS	Program Begin Date:	04/30/2004
Gender:	MALE	County:	RIVERSIDE	Program End Date:	04/29/2005

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address 1 *	75 PRINGLE WAY	Address 2	STE 801
City *	RENO	County *	Select
State *	NV	Zip *	89502-8400

[Edit Provider](#)

SAR INFORMATION

SAR Number:	97000002740	Request Date:	10/10/1999
Service Begin Date:	08/09/2004	Service End Date:	10/10/2004
No Of Days:	63	State Funded:	N
EPSDT-SS:	N	CCS-SS:	N

SAR CANCELLATION INFORMATION

Correspondence ☒ NOA ☐ LETTER

Canceled By * MCCARLEY, TRACI [find](#) **Effective Date *** Mon Day Year

Date Canceled December 20, 2004

Reason for Cancellation * Select

Citation * Select

Cancellation Letter Text

DISTRIBUTION

FAMILY
BLUE CROSS OF CALIFORNIA PPO
SARAH EAKS, CCS SECT
MORENO VALLEY MTU

[Add Distribution](#)

OTHER DETAILS

Last Update Date: 12/20/2004 **Last Update By:** MCCARLEY, TRACI

[Cancel SAR](#) [Undo](#)

- Select by clicking the name of the user in the user search results.

Search Results - List of WHITAKER, LAVORRA Names

Last Name	First Name	Region	County
WHITAKER	LAVORRA		

4. Enter the “End Date.”
5. Select the Reason for Cancellation.

Notes

Cancel SAR

BRIAN MATTHEW TESTA, 2463624 **AUTHORIZED, SAR ID 97000002740**

Required fields are marked in *

CLIENT INFORMATION

Client Name: BRIAN MATTHEW TESTA	F/R Elig: ELIGIBLE	Reg Status: ACTIVE
CCS Number: 2463624	Med Elig Status: ELIGIBLE	Application Status: SIGNED APP
DOB: 04/25/1992	Diagnostic Only: NO	PSA Status: SIGNED
CIN: 91617111D9	CCS Elig Status: 9K CCS	Program Begin Date: 04/30/2004
Gender: MALE	County: RIVERSIDE	Program End Date: 04/29/2005

PROVIDER INFORMATION

Provider Name: TETZLAFF, THOMAS R MD	Provider Number: FS4901334
Address 1 * 75 PRINGLE WAY	Address 2 STE 801
City * RENO	County * Select
State * NV	Zip * 89502-8400

[Edit Provider](#)

SAR INFORMATION

SAR Number: 97000002740	Request Date: 10/10/1999
Service Begin Date: 08/09/2004	Service End Date: 10/10/2004
No Of Days: 63	State Funded: N
EPSDT-SS: N	CCS-SS: N
State Approved Category:	

SAR CANCELLATION INFORMATION

Correspondence ☒ NOA ☐ LETTER

Canceled By * MCCARLEY,TRACI [find >](#) **Effective Date *** Sep 1 2003

Date Canceled December 20, 2004

Reason for Cancellation * Client is not medically eligible for CCS

Citation * MED ELIG DENIAL

Cancellation Letter Text This space is available for text to populate into the cancellation letter.

DISTRIBUTION

FAMILY
BLUE CROSS OF CALIFORNIA PPO
SARAH EAKS, CCS SECT
MORENO VALLEY MTU

[Add Distribution](#)

OTHER DETAILS

Last Update Date: 12/20/2004 **Last Update By:** MCCARLEY,TRACI

[Cancel SAR](#) [Undo](#)

The “End Date” is the effective date of cancellation – the date you want the provider to stop treating the client.

The provider may receive payment for services up to and including this date

Date Cancelled will default to the current date to track the date the user updated the SAR to “Cancelled.”

Citation is REQUIRED when NOA is selected as the Correspondence

Field descriptions are provided in CMS Net Web Online Help.

21.3 Enter Cancellation Letter Text and Distribution

1. Enter the Cancellation Letter Text.
2. Select values in the “Distribution” list box for who should receive the authorization. You may select multiple values.
 - Distribution will show the managed care provider, the Healthy Families provider, private insurance provider, primary care provider (medical home), other addressee, patient address, MTU, and the family that is currently on record.
3. Click on “Add Distribution” to add one additional distribution for selection.

Cancel SAR

BRIAN MATTHEW TESTA, 2463624 **AUTHORIZED, SAR ID 97000002740**

Required fields are marked in *

CLIENT INFORMATION

Client Name:	BRIAN MATTHEW TESTA	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	2463624	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	04/25/1992	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	91617111D9	CCS Elig Status:	9K CCS	Program Begin Date:	04/30/2004
Gender:	MALE	County:	RIVERSIDE	Program End Date:	04/29/2005

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address 1 *	75 PRINGLE WAY	Address 2	STE 801
City *	RENO	County *	Select
State *	NV	Zip *	89502-8400

Edit Provider

SAR INFORMATION

SAR Number:	97000002740	Request Date:	10/10/1999
Service Begin Date:	08/09/2004	Service End Date:	10/10/2004
No Of Days:	63	State Funded:	N
EPSDT-SS:	N	CCS-SS:	N

SAR CANCELLATION INFORMATION

Correspondence ☒ NOA ☐ LETTER

Canceled By * MCCARLEY,TRACI **find** Effective Date * Sep 1 2003

Date Canceled December 20, 2004

Reason for Cancellation * Client is not medically eligible for CCS

Citation * MED ELIG DENIAL

Cancellation Letter Text
This space is available for text to populate into the cancellation letter.

DISTRIBUTION

FAMILY
BLUE CROSS OF CALIFORNIA PPO
SARAH EAKS,CCS SECT
MORENO VALLEY MTU

Add Distribution

OTHER DETAILS

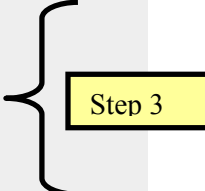
Last Update Date: 12/20/2004 Last Update By: MCCARLEY,TRACI

Cancel SAR **Undo**

To deselect the distribution value, hold the “ctrl” key and click the highlighted value. Otherwise, you may click the “Undo”

Notes

Authorization | Provider | Formulary | Procedure Code | Administration | Reports
Add New Distribution

Distribution Name *	<input type="text"/>	
Address 1 *	<input type="text"/>	
Address 2	<input type="text"/>	
City *	<input type="text"/>	
State	<input type="text" value="Select"/>	
Zip *	<input type="text"/>	
<div>Continue Clear</div>		

How to add one additional distribution for selection

21.4 The Cancellation Letter

Here is a copy of the cancellation letter that will be generated for the client's provider and for those selected in the distribution drop-down field.

<Date-Cancelled>

<User-County> County California Children's Services

<County-Address>

<County-City>, CA <County-Zip>

<County-Phone-Number>

<Provider-Name> RE: <Client-Name>

<Provider-Address-Line-1> Birth Date: <Date-of-Birth>

<Provider-City>, <Provider-State> <Provider-CCS#>: <CCS-Number>

Zip> County: <Legal-County>

Dear <Provider-Name>

California Children's Services has cancelled request for service <SAR-Number> for <Client-Name> effective <End-Date> for the reason(s) listed:

<Reason-for-Cancellation>

<Cancellation-Letter-Text>

<SAR-Number> covered services relating to the condition(s) <Primary-Diagnosis>, <Secondary-Diagnosis>, <Other-1>, <Other-2>, and <Other-3> for procedure code/service groupings of:

<Service-Code> <Service-Description>

Thank you for your continued participation in the CCS program. If you have any questions, please call us at <County-Phone-Number>.

Sincerely yours,

California Children's Services

CC: <Distribution>

21.5 The Notice of Action

Notes

Here is a copy of the NOA letter that will be generated for the client and for those selected in the distribution drop-down field.

12/20/2004

California Children's Services
SRO-SACRAMENTO REGIONAL OFFICE
P.O. BOX 997413
MS 8100
SACRAMENTO, CA 95899-7413
(916) 327-3100

MR AND MRS TESTA
P O BOX 699
TEST RECORD
WEST SACRAMENTO, CA 95691

NOTICE OF ACTION

SAR # 97000002740
RE: BRIAN MATTHEW TESTA
DOB: 04/25/1992
CCS # 2463624
CO: RIVERSIDE

Dear MR AND MRS TESTA:

The California Children's Services program is required to provide you with written notice when eligibility or services are cancelled. After reviewing all available information, the following determination was made:

There is no documentation of medical eligibility for CCS at this time. CCS program eligibility is therefore denied or discontinued. Citations: Health and Safety Code 123830; Title 22, California Code of Regulations, Section 41800.

The effective date of this Notice of Action is 09/01/2004.

THIS SPACE IS AVAILABLE FOR TEXT TO POPULATE INTO THE CANCELLATION LETTER.

The Notice of Action (NOA) is required by California Code of Regulations, Title 22, Section 42701. If you have any questions or if there are additional facts relating to your circumstances which you have not reported, please telephone CCS at (916) 327-3100.

If you are dissatisfied with the above action, you may request an appeal. Information concerning your right to appeal, how to initiate an appeal, and where to obtain detailed information on the process, is explained on the enclosure.

Sincerely,

California Children's Services

CC:
MR AND MRS TESTA
P O BOX 699
TEST RECORD

CALIFORNIA CHILDREN'S SERVICES PROGRAM
NOTICE OF ACTION - APPEAL PROCESS

Notes

PATIENT NAME: BRIAN MATTHEW TESTA
DOB: 04/25/1992
CCS #: 2463624
COUNTY: RIVERSIDE

The California Children's Services (CCS) program appeals process provides the applicant, parent, legal guardian, or authorized representative with a formal structure for disagreeing with a decision made by CCS.

You have the right to appeal the action taken or proposed by the CCS program and reported to you on this form.

The procedure for filing an appeal in response to a Notice of Action is as follows:

1. Submit your appeal by letter or use an appeal form. (Copies of an appeal form can be obtained from your local CCS office.) Your appeal must include: the CCS agency decision that you are appealing, the action you want taken, and the supportive information and documentation.
2. The appeal MUST be submitted by 01/19/2005, which is 30 calendar days from the date on the Notice of Action.
3. If the appeal concerns the reduction or termination of currently authorized services and you wish these to be continued during the appeal process, your appeal must state this in the request.
4. You may request and receive help and information on the appeal process through your local CCS program. Assistance and representation may also be available through organizations that provide legal assistance.
5. Your appeal is to be submitted to the CCS office designated below:

CALIFORNIA CHILDREN'S SERVICES
SRO-SACRAMENTO REGIONAL OFFICE
P.O. BOX 997413
MS 8100
SACRAMENTO, CA 95899-7413

6. You have a right to review the CCS file and medical records for BRIAN MATTHEW TESTA.

Note: The right to appeal and the description of the "first level of appeal" is in the California Code of Regulations, Title 22, Article 2, Sections 42702 and 42703.

IF YOU HAVE QUESTIONS ABOUT THE FILING OF AN APPEAL, PLEASE CALL YOUR LOCAL CCS OFFICE AT: (916) 327-3100.

22 Deny a SAR

Introduction to Deny a SAR

A service authorization has service codes that can be denied as well as authorized. The user can enter the “Deny SAR” tab when the SAR is “Pending.”

The actual denial will not occur until the user clicks the “Deny” button on the “Deny SAR” tab.

Objectives

At the completion of this section, you will be able to:

- Deny a SAR

22.1 Entry into the Deny SAR Tab

Notes

Enter through View SAR Details

1. Search for the SAR and view the details on View SAR Details.
2. Click the “Deny” tab.

Deny SAR

FRANCISCO CARLOS CHAVEZ III, 3331366		PENDING, SAR ID 97000002750	
--------------------------------------	--	-----------------------------	--

Required fields are marked in *

CLIENT INFORMATION

Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:		Reg Status:	ACTIVE
CCS Number:	3331366	Med Elig Status:		Application Status:	SIGNED APP
DOB:	02/04/1984	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002
Gender:	MALE	County:	KINGS	Program End Date:	12/18/2004

PROVIDER INFORMATION

Provider Name:	LONG'S DRUG STORE #200	Provider Number:	PHA303440
Address 1 *	4300 CALIFORNIA AVE	Address 2	
City *	BAKERSFIELD	County *	Kern
State *	CA	Zip *	93309-1018

Edit Provider

SAR INFORMATION

SAR Number:	97000002750	Request Date:	06/01/2004
Service Begin Date:	07/01/2004	Service End Date:	12/01/2004
No Of Days:	154	State Funded:	N
EPSDT-SS:	N	CCS-SS:	N
State Approved Category:			

SAR DENIAL INFORMATION

Correspondence ☒ NOA ☐ LETTER

Denied By * MCCARLEY,TRACI

find

 Effective Date *

Mon

Day

Year

Date Denied December 20, 2004

Reason for Denial *

Select

Citation *

Select

Denial Letter Text

DISTRIBUTION

FAMILY
VCH
CHAVEZ III,FRANCISCO CARLOS

Add Distribution

OTHER DETAILS

Last Update Date: 12/20/2004 Last Update By: MCCARLEY,TRACI

Deny Undo

The provider address may be edited for mailing purposes. However, this does not update the Provider Master File.

Correspondence will dictate the type of letter generated. **NOA** will print a Notice of Action and will default for cases with an Application Status of “Signed App” **Letter** will print a Denial Letter

22.2 Enter SAR Denial Information

- Enter the name of the person for the “Denied By” field.
 - A default name is provided for the user who is logged in CMS Net Web.
- Click the “find” button.

Deny SAR

FRANCISCO CARLOS CHAVEZ III, 3331366		PENDING, SAR ID 97000002750	
Required fields are marked in *			
CLIENT INFORMATION			
Client Name:	FRANCISCO CARLOS CHAVEZ III 3331366	F/R Elig:	ACTIVE
CCS Number:	3331366	Med Elig Status:	NO
DOB:	02/04/1984	Diagnostic Only:	9N CCS-M/C ONLY
CIN:	97461633CS	CCS Elig Status:	KINGS
Gender:	MALE	County:	
Application Status:	SIGNED APP	PSA Status:	SIGNED
Program Begin Date:	12/18/2002	Program End Date:	12/18/2004
PROVIDER INFORMATION			
Provider Name:	LONG'S DRUG STORE #200	Provider Number:	PHA303440
Address 1 *	4300 CALIFORNIA AVE	Address 2	
City *	BAKERSFIELD	County *	Kern
State *	CA	Zip *	93309-1018
Edit Provider			
SAR INFORMATION			
SAR Number:	97000002750	Request Date:	06/01/2004
Service Begin Date:	07/01/2004	Service End Date:	12/01/2004
No Of Days:	154	State Funded:	N
EPSDT-SS:	N	CCS-SS:	N
State Approved			
Category:			
SAR DENIAL INFORMATION			
Correspondence	<input checked="" type="radio"/> NOA <input type="radio"/> LETTER		
Denied By *	MCCARLEY, TRACI	find	
Effective Date *	<div style="display: flex; gap: 5px;"> <div>Mon</div> <div>Day</div> <div>Year</div> </div>		
Date Denied	December 20, 2004		
Reason for Denial *	Select		
Citation *	Select		
Denial Letter Text			
DISTRIBUTION			
FAMILY VCH CHAVEZ III, FRANCISCO CARLOS		Add Distribution	
OTHER DETAILS			
Last Update Date: 12/20/2004		Last Update By: MCCARLEY, TRACI	
Deny Undo			

- Select by clicking the name of the user in the user search results.

Search Results - List of WHITAKER,LAVORRA Names			
Last Name	First Name	Region	County
WHITAKER	LAVORRA		

Notes

4. Enter the “Effective Date.”
5. Select the Reason for Denial

Deny SAR

FRANCISCO CARLOS CHAVEZ III, 3331366 PENDING, SAR ID 97000002750

Required fields are marked in *

CLIENT INFORMATION			
Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	
CCS Number:	3331366	Med Elig Status:	
DOB:	02/04/1984	Diagnostic Only:	NO
CIN:	97461633CS	CCS Elig Status:	9N CCS-MAC ONLY
Gender:	MALE	County:	KINGS
Reg Status:	ACTIVE	Application Status:	SIGNED APP
		PSA Status:	SIGNED
		Program Begin Date:	12/18/2002
		Program End Date:	12/18/2004

PROVIDER INFORMATION			
Provider Name:	LONG'S DRUG STORE #200	Provider Number:	PHA303440
Address 1 *	4300 CALIFORNIA AVE	Address 2	
City *	BAKERSFIELD	County *	Kern
State *	CA	Zip *	93309-1018
Edit Provider			

SAR INFORMATION			
SAR Number:	97000002750	Request Date:	06/01/2004
Service Begin Date:	07/01/2004	Service End Date:	12/01/2004
No Of Days:	154	State Funded:	N
EPSDT-SS:	N	CCS-SS:	N
State Approved Category:			

SAR DENIAL INFORMATION			
Correspondence	<input checked="" type="radio"/> NOA <input type="radio"/> LETTER		
Denied By *	MCCARLEY,TRACI	Effective Date *	Mon Day Year
Date Denied	December 20, 2004		
Reason for Denial *	Select		
Citation *	Select		
Denial Letter Text			

DISTRIBUTION	
FAMILY VCH CHAVEZ III,FRANCISCO CARLOS	Add Distribution

OTHER DETAILS	
Last Update Date: 12/20/2004	Last Update By: MCCARLEY,TRACI
Deny Undo	

Notes

The “Effective Date” of denial is the date actually denied. It may be the same date as the service begin date or after.

The “Date Denied” is the date that the user actually updated the SAR to denied.

Field descriptions are provided in CMS Net Web Online Help.

22.3 Enter SAR Denial Information

1. Enter the Denial Letter Text if appropriate.
2. Select values in the “Distribution” list box for who should receive the denial letter. You may select multiple values.

Deny SAR

Notes

FRANCISCO CARLOS CHAVEZ III, 3331366 PENDING, SAR ID 97000002750

Required fields are marked in *

CLIENT INFORMATION

Client Name: FRANCISCO CARLOS CHAVEZ III	F/R Elig:	Reg Status: ACTIVE
CCS Number: 3331366	Med Elig Status:	Application Status: SIGNED APP
DOB: 02/04/1984	Diagnostic Only: NO	PSA Status: SIGNED
CIN: 97461633C5	CCS Elig Status: 9N CCS-M/C ONLY	Program Begin Date: 12/18/2002
Gender: MALE	County: KINGS	Program End Date: 12/18/2004

PROVIDER INFORMATION

Provider Name: LONG'S DRUG STORE #200	Provider Number: PHA303440
Address 1 * 4300 CALIFORNIA AVE	Address 2
City * BAKERSFIELD	County * Kern
State * CA	Zip * 93309-1018

[Edit Provider](#)

SAR INFORMATION

SAR Number: 97000002750	Request Date: 06/01/2004
Service Begin Date: 07/01/2004	Service End Date: 12/01/2004
No Of Days: 154	State Funded: N
EPSDT-SS: N	CCS-SS: N

SAR DENIAL INFORMATION

Correspondence ☒ NOA ☐ LETTER

Denied By * MCCARLEY,TRACI [find](#) **Effective Date *** Mon Day Year

Date Denied December 20, 2004

Reason for Denial * Select

Citation * Select

Denial Letter Text

DISTRIBUTION

FAMILY
 VCH
 CHAVEZ III,FRANCISCO CARLOS

[Add Distribution](#)

OTHER DETAILS

Last Update Date: 12/20/2004 **Last Update By:** MCCARLEY,TRACI

[Deny](#)
[Undo](#)



Whatever is typed in the “Denial Letter Text” will appear in the Denial Letter below the paragraph that states the reason for denial.

22.4 Deny the SAR

1. To save updates to the SAR and to update the status of the SAR to *denied*, click the “Deny” button.
2. Once the status of the SAR is updated to “Deny,” the narrative page will open. From the narrative, the user will have the option to print the Denial Letter and return to the View SAR page.

Deny SAR

FRANCISCO CARLOS CHAVEZ III, 3331366 PENDING, SAR ID 97000002750

Required fields are marked in *

CLIENT INFORMATION			
Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ACTIVE
CCS Number:	3331366	Med Elig Status:	SIGNED APP
DOB:	02/04/1984	Diagnostic Only:	SIGNED
CIN:	97461633C5	CCS Elig Status:	Program Begin Date: 12/18/2002
Gender:	MALE	County:	Program End Date: 12/18/2004

PROVIDER INFORMATION			
Provider Name:	LONG'S DRUG STORE #200	Provider Number:	PHA303440
Address 1 *	4300 CALIFORNIA AVE	Address 2	
City *	BAKERSFIELD	County *	Kern
State *	CA	Zip *	93309-1018
Edit Provider			

SAR INFORMATION			
SAR Number:	97000002750	Request Date:	06/01/2004
Service Begin Date:	07/01/2004	Service End Date:	12/01/2004
No Of Days:	154	State Funded:	N
EPSDT-SS:	N	CCS-SS:	N
State Approved Category:			

SAR DENIAL INFORMATION			
Correspondence	<input checked="" type="radio"/> NOA <input type="radio"/> LETTER		
Denied By *	MCCARLEY,TRACI	find	Effective Date * Mon Day Year
Date Denied	December 20, 2004		
Reason for Denial *	Select		
Citation *	Select		
Denial Letter Text			

DISTRIBUTION	
FAMILY VCH CHAVEZ III,FRANCISCO CARLOS	Add Distribution

OTHER DETAILS	
Last Update Date: 12/20/2004	Last Update By: MCCARLEY,TRACI

[Deny](#) [Undo](#)

22.5 The Denial Letter

Notes

Here is a copy of the denial letter that will be generated for the provider and for those who are carbon-copied in the letter (the entries selected in the distribution list box).

⌘Date-Denied>

<User County> County California Children's Services

<County Address>

<County City>, CA <County Zip>

<County Phone-Number>

<Provider-Name>

RE: <Client-Name>

<Provider Address-Line-1>

Birth Date: <Date-of-Birth>

< Provider Address-Line-2>

CCS#: <CCS-Number>

<Provider City>, <Provider State>

County: <Legal-County>

<Provider Zip>

Dear <Provider-Name>:

California Children's Services was unable to approve a request for services that we recently received for <Client-Name>.

The services requested were:

<Service-Code> <Service-Description>

We cannot authorize the services for the reason(s) listed below:

<Reason-for-Denial>

<Denial-Letter-Text>

If you have any questions, please call the <County-Name> CCS office at <County Phone-Number>.

Sincerely yours,
California Children's Services

CC: <Distribution>

22.6 The Notice of Action Letter

Here is a copy of the NOA letter that will be generated for the family and for those who are carbon-copied in the letter (the entries selected in the distribution list box).

California Children's Services
SRO-SACRAMENTO REGIONAL OFFICE
P.O. BOX 997413
MS 8100
SACRAMENTO, CA 95899-7413
(916) 327-3100

CAMELIA CHAVEZ
5704 NEWARK
CORCORAN, CA 93212

NOTICE OF ACTION

SAR #: 97000002750
RE: FRANCISCO CARLOS
CHAVEZ III
DOB: 02/04/1984
CCS #: 3331366
CO: KINGS

Dear CAMELIA CHAVEZ:

The California Children's Services program is required to provide you with written notice when eligibility or services are denied. After reviewing all available information, the following determination was made:

CCS program benefits may be authorized for clients enrolled in a HMO only when the service has been denied by the HMO plan membership and it is necessary to treat the CCS eligible condition. The requested service is denied because the service is a benefit of your HMO plan. Citations: Health and Safety Code, Section 123825; Title 22, California Code of Regulations, Section 42110 (8) and State Department of Health Services, California Children Services Policy letter numbered 06-0394.

The effective date of this Notice of Action is 07/01/2004.

THIS SPACE IS AVAILABLE FOR DENIAL TEXT.

The Notice of Action (NOA) is required by California Code of Regulations, Title 22, Section 42701. If you have any questions or if there are additional facts relating to your circumstances which you have not reported, please telephone CCS at (916) 327-3100.

If you are dissatisfied with the above action, you may request an appeal. Information concerning your right to appeal, how to initiate an appeal, and where to obtain detailed information on the process, is explained on the enclosure.

Sincerely,

California Children's Services

CC:
CAMELIA CHAVEZ
5704 NEWARK
CORCORAN, CA 93212

CALIFORNIA CHILDREN'S SERVICES PROGRAM
NOTICE OF ACTION - APPEAL PROCESS

PATIENT NAME: FRANCISCO CARLOS CHAVEZ III
DOB: 02/04/1984
CCS #: 3331366
CO: KINGS

The California Children's Services (CCS) program appeals process provides the applicant, parent, legal guardian, or authorized representative with a formal structure for disagreeing with a decision made by CCS.

You have the right to appeal the action taken or proposed by the CCS program and reported to you on this form.

The procedure for filing an appeal in response to a Notice of Action is as follows:

1. Submit your appeal by letter or use an appeal form. (Copies of an appeal form can be obtained from your local CCS office.) Your appeal must include: the CCS agency decision that you are appealing, the action you want taken, and the supportive information and documentation.
2. The appeal MUST be submitted by 01/19/2005, which is 30 calendar days from the date on the Notice of Action.
3. If the appeal concerns the reduction or termination of currently authorized services and you wish these to be continued during the appeal process, your appeal must state this in the request.
4. You may request and receive help and information on the appeal process through your local CCS program. Assistance and representation may also be available through organizations that provide legal assistance.
5. Your appeal is to be submitted to the CCS office designated below:

CALIFORNIA CHILDREN'S SERVICES
SRO-SACRAMENTO REGIONAL OFFICE
P.O. BOX 997413
MS 8100
SACRAMENTO, CA 95899-7413

6. You have a right to review the CCS file and medical records for FRANCISCO CARLOS CHAVEZ III.

Note: The right to appeal and the description of the "first level of appeal" is in the California Code of Regulations, Title 22, Article 2, Sections 42702 and 42703.

IF YOU HAVE QUESTIONS ABOUT THE FILING OF AN APPEAL, PLEASE CALL YOUR LOCAL CCS OFFICE AT: (916) 327-3100.

23 Delete a Pending SAR

Introduction to Delete a Pending SAR

Before a SAR is authorized or state-approved, a user that is granted security access to enter a SAR may delete a SAR that is in “Pending” Status. Reasons for needing to delete a pending SAR may include:

- Selecting the wrong provider during SAR entry
- Entering a SAR for the wrong client

Objectives

At the completion of this section, you will be able to:

- Delete a Pending SAR

23.1 How to Delete a Pending SAR

Notes

1. Search for a Pending SAR and view the details on View SAR Details.
2. Click the “Delete” tab

[Authorization](#) | [Provider](#) | [Formulary](#) | [Procedure Code](#) | [Administration](#) | [Reports](#)

View SAR

FRANCISCO CARLOS CHAVEZ III, 3331366				PENDING, SAR ID 97000000690			
Authorize	Deny	Cancel	Modify	Extend	Delete	Print	
CLIENT INFORMATION							
Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE		
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP		
DOB:	02/04/1984	Diagnostic Only:	NO	PSA Status:	SIGNED		
CIN:	97461633CS	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002		
Gender:	MALE	County:	KINGS	Program End Date:	12/18/2004		
PROVIDER INFORMATION							
Provider Name:	TETZLAFF, THOMAS R MD			Provider Number:	FS4901334		
Address:	75 PRINGLE WAY, STE 801, RENO, NV, 89502-8400			County:			
SAR INFORMATION							
SAR Number:	97000000690	Request Date:	06/03/2004				
Service Begin Date:	07/01/2004	Service End Date:	09/01/2004				
No Of Days:	63	State Funded:	N				
EPSDT-SS:	N	CCS-SS:	N				
State Approved Category:							
Primary Diagnosis:	745.4 VENTRICULAR SEPTAL DEFECT						
Secondary Diagnosis:							
SERVICE REQUEST AUTHORIZATION							
SERVICE REQUEST AUTHORIZATION							
Service Code	Modifier	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
33310			EXPLORATORY HEART SURGERY		1.0		
01			PHYSICIAN		1.0		
AUTHORIZATION DETAILS							
Date:	06/24/2004	Authorized By:	MCCARLEY, TRACI	Reporting Category:	TREATMENT		
Special Instructions:							
DENIAL DETAILS							
Date:		Denied By:		Effective Date:			
Denial Reason:							
CANCELLATION DETAILS							
Date:		Canceled By:					
Cancellation Reason							
EXTENSION DETAILS							
Date:		Extended By:		Extended SAR No:			
OTHER DETAILS							
Last Update Date:	06/24/2004	Last Update By:	MCCARLEY, TRACI				

- Acknowledge the warning message.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

FRANCISCO CARLOS CHAVEZ III, 3331366 PENDING, SAR ID 97000001760

Authorize Deny Cancel Modify Extend Delete Print

CLIENT INFORMATION

Client Name: FRANCISCO CARLOS CHAVEZ III
 CCS Number: 3331366
 DOB: 02/04/1984
 CIL: 97461633C5
 Gender: Male

PROVIDER INFORMATION

Provider Name: TETZLAFF, THOMAS R MD
 Address: 75 PRINGLE WAY, STE 801, RENO, NV, 89502-8400
 Provider Number: FS4901334
 County: null

SAR INFORMATION

SAR Number: 97000001760
 Service Begin Date: 04/01/2004
 No Of Days: 254
 EPSDT-SS: N
 State Approved Category: Incontinent Supplies for Children Under Five

Request Date: 04/20/2004
 Service End Date: 12/30/2004
 State Funded: N
 CCS-SS: N

Microsoft Internet Explorer
 Are You Sure You Want To Delete This Sar?
 OK Cancel



Modifying Authorized and Extended SARs versus Deleting a Pending SAR

“Authorized” and “Extended” SARs can *only* be modified on the SAME day that the transaction was made (prior to the data being sent to the Fiscal Intermediaries).

Deleting a Pending SAR will wipe out the history of a SAR. Depending on what needs to occur, you may select whether the SAR should be modified or deleted.

24 SAR Inquiry

Introduction to SAR Inquiry

Users may search for a SAR in CMS Net Web three different ways: by SAR number, by Provider, and by Client. This chapter will describe how to locate a SAR by each of these methods.

Objectives

At the completion of this section, you will be able to:

- Find a SAR by Client
- Find a SAR by Provider
- Find a SAR by SAR Number

24.1 How to Search for SAR by Client

1. Access SAR by clicking the “Authorization” link on the CMS Net Menu Bar.
2. On the Search-Service Authorization page, click the “By Client” option.
3. Enter information to search for the client.
4. Click the “Search” button.

2.

Home | Provider | Formulary | Procedure Code | Administration | Reports

Search - Service Authorization

☒ BY CLIENT

CCS Number Client Name 3.

Date of Birth Mon Day Year Gender Select

Client Index Number Legal County Kings

SSN

☐ BY PROVIDER

☐ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name find Provider ID find

Service Begin Date Mon Day Year Service End Date Mon Day Year

SAR Status Select

☐ BY SAR NUMBER

SAR Number

Search Clear

Notes

For CCS Number, CMS Net Web will return “exact matches” for the entry. This text field will accept 7 characters:

- The first character may be a number or a letter (e.g. “T”).
- The rest of the characters must be numbers.

For CIN, enter at least 9 characters:

- The first eight characters must be numbers.
- The ninth character must be a letter (e.g. “A”).
- If the last “check digit” is entered, use the space bar before entering the last number.

5. Click the “Select” radio button for the appropriate client.
6. Click the “View SAR” button.

Notes

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Children's Medical Services

Caring for Children with Special Medical Needs...

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Search Results - List of Clients

Select	CCS Number	Client Name	DOB	Gender	CIII	County	Reg	Med	F/R	Pgrm End Date	CCS Elig
<input type="radio"/>	3291042	CHAVEZ II, MARK J.	08/22/1991	Male	94324333A7	16	CLO				
<input checked="" type="radio"/>	3331366	CHAVEZ III, FRANCISCO CARLOS	02/04/1984	Male	97461633C5	16	ACT	E	E	12/18/2004	9N CCS- MAC ONLY
<input type="radio"/>	3277236	CHAVEZ, ANGELA	01/20/1980	Female		16	CLO				
<input type="radio"/>	2389067	CHAVEZ, BEATRIZ	10/17/1989	Female	93808991A1	16	ACT	E	E	10/18/2004	9K CCS
<input type="radio"/>	T106634	CHAVEZ, DOMINIC R	05/18/2001	Male	98434057D4	16	NOT	E	P		
<input type="radio"/>	T204098	CHAVEZ, ELEENNA R	03/04/1992	Female	90983899D5	16	NOT				
<input type="radio"/>	T12610	CHAVEZ, HAILEY A.	11/28/1994	Female		16	NOT				
<input type="radio"/>	3288021	CHAVEZ, JOSE ANGEL	04/02/1999	Male	98262673D7	16	CLO				
<input type="radio"/>	T71675	CHAVEZ, MICHAEL V	01/19/1983	Male		16	PEN				
<input type="radio"/>	3271110	CHAVEZ, MORGHAN	02/12/1993	Female		16	CLO				

Found 1-10 out of 10 Matching Records

7. Enter SAR Search Criteria on the Search Results – Search Client SAR page.

You may continue searching for the SAR by Provider:

- Click the “By Provider” radio button.
- Click one of the 3 provider/SCC radio buttons:

Enter the Provider’s Name or Provider’s Number.

- *Enter the Provider’s Name. If the provider is an individual, CMS Net Web will return names in the following format: [Last Name, First Name]. The name search will also match hospitals and SCCs OR*
- *Enter the Provider’s Number (Medi-Cal #, Denti-Cal #, or SCC ID)*
- Click the “Find” button.
- Select the Provider by clicking on the link (blue underlined name).
- You may select the Provider Type

You may continue searching for the SAR by SAR Number. Provide SAR search criteria.

8. Click the “Search” button.

Notes

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search Results - Search Client SAR

CLIENT INFORMATION

Client Name:	NATHANIEL SMITH	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3305032	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	11/12/1997	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	97641843D8	CCS Elig Status:	9K CCS	Program Begin Date:	01/01/2004
Gender:	MALE	County:	Placer	Program End Date:	12/31/2004

☐ **BY PROVIDER**

☐ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name **find >** Provider Number **find >**

Provider Type ▼

☒ **BY SAR NUMBER**

SAR Number

Service Begin Date Mon ▼ Day ▼ Year ▼ SAR Status ▼ Service End Date Mon ▼ Day ▼ Year ▼

Search **Clear**

Once a client has been identified, you may search by SAR status.

- Click “By SAR Number” radio button
- Select SAR status
- Click Search

9. Click on the link (blue underlined SAR Number) of your selection.
10. If additional matches are supplied, view them on the next page by:
Clicking the “Next Records” link or clicking the “Prev Records” link.’

California Home [CDHS Home](#) [CDHS Comments](#) [CDHS Search](#) [CDHS Organization](#) Sunday, April 25, 2004

Children's Medical Services

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Search Results - List of SARs for KAISER FOUNDATION HOSP

SAR Number	Provider Name	Provider Type	SAR Status	Service Begin Date	Service End Date
97000002450	KAISER FOUNDATION HOSP	HSP30686F	Pending	05/01/2004	11/20/2004
97000002460	KAISER FOUNDATION HOSP	HSP30686F	Pending	05/01/2004	11/20/2004
97000002470	KAISER FOUNDATION HOSP	HSP30686F	Pending	05/01/2004	11/20/2004
97000002003	WOODRUFF, DAVID K	AU0011114	Pending	03/01/2003	04/05/2003

1-4 out of 4 Matching Records

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11. View SAR Details

[Authorization](#) | [Provider](#) | [Formulary](#) | [Procedure Code](#) | [Administration](#) | [Reports](#)

FRANCISCO CARLOS CHAVEZ III, 3331366 Pending, SAR ID 97000002470

[Authorize](#) [Deny](#) [Cancel](#) [Modify](#) [Extend](#) [Delete](#) [Print](#)

CLIENT INFORMATION

Client Name: FRANCISCO CARLOS CHAVEZ III	F/R Elig: ELIGIBLE	Reg Status: ACTIVE
CCS Number: 3331366	Med Elig Status: ELIGIBLE	Application Status: SIGNED APP
DOB: 02/04/1984	Diagnostic Only: No	PSA Status: SIGNED
CIH: 97461633C5	CCS Elig Status: 9N CCS-M/C ONLY	Program Begin Date: 12/18/2002
Gender: Male	County: Kings	Program End Date: 12/18/2004

PROVIDER INFORMATION

Provider Name: KAISER FOUNDATION HOSP	Provider Number: HSP30686F
Address: 10800 MAGNOLIA AVE, RIVERSIDE, CA, 92505-3000	County: Riverside

SAR INFORMATION

SAR Number: 97000002470	Request Date: 04/19/2004
Service Begin Date: 05/01/2004	Service End Date: 11/20/2004
No Of Days: 20	State Funded: No
EPSDT-SS: No	CCS-SS: No
Category:	State Approved

Field descriptions are provided in CMS Net Web Online Help.

24.2 How to Search for SAR by Provider

1. Access SAR by clicking the “Authorization” link on the CMS Net Menu Bar.
2. On the Search-Service Authorization page, click the “By Provider” option.
3. Specify the provider type by clicking one of the 3 radio buttons.
4. Enter either Provider Name or Provider Number information:
 - *To Specify Provider Name:*
 - Enter the Provider’s Name. If the provider is an individual, CMS Net Web will search for names: [Last Name, First Name]. The name search will also match hospitals and SCCs.
 - Click the “Find” button.
 - Select the Provider by clicking on the link (blue underlined name).
 - *To Specify the Provider Number:*
 - Enter the Provider Medi-Cal #, Denti-Cal #, or SCC ID.
 - Click the “Find” button.
 - Select the Provider by clicking on the link (blue underlined name).

The screenshot shows the "Search - Service Authorization" page. At the top is a navigation bar with links: Authorization | Provider | Formulary | Procedure Code | Administration | Reports. Below this is a blue header with the text "Search - Service Authorization".

The main content area has three sections:

- BY CLIENT**: Includes fields for CCS Number, Birth (Month, Day, Year), Client Name, Gender, Sex Number, and Legal County.
- BY PROVIDER**: Includes radio buttons for "Hospital / Medical Provider", "Special Care Centers", and "Dental Provider". It has fields for Provider Name, Service Begin Date (Month, Day, Year), SAR Status, Provider ID, and Service End Date (Month, Day, Year). A red "find" button is next to the Provider ID field.
- BY SAR NUMBER**: Includes a SAR Number field and red "Search" and "Clear" buttons.

Numbered callouts are present:

- 2.** Points to the "BY PROVIDER" radio button.
- 3.** Points to the "Hospital / Medical Provider" radio button.
- 4.** Points to the "find" button next to the Provider ID field.

5. Select the provider in the search results by clicking on the provider's link.

Search Results - List of Provider Names				
Provider Name	Provider ID	Status	Address	County
TETZLAFF, THOMAS R MD	FS4901334	Active	75 PRINGLE WAY STE 801 RENO 89502840089502-8400 NV	
1 out of 1 Matching Records				

6. You may specify other SAR search information along once a provider has been identified.

7. Click the Search Button.

Authorization | **Provider** | Formulary | Procedure Code | Administration | Reports

Search - Service Authorization

☐ BY CLIENT

CCS Number
Date of Birth

Mon Day Year

Client Index Number
SSN
Client Name
Gender

Select

Legal County

Select

☒ BY PROVIDER

☒ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name

find

Service Begin Date

Mon Day Year

SAR Status

Select

Provider ID

find

Service End Date

Mon Day Year

☐ BY SAR NUMBER

SAR Number

Search

Clear

8. Click on the link (blue underlined SAR Number) of your selection.
9. If additional matches are supplied, view them on the next page by:
Clicking the “Next Records” link or clicking the “Prev Records” link.’

Authorization Provider Formulary Procedure Code Administration Reports					
Search Results - List of SARs for TETZLAFF, THOMAS R MD					
SAR Number	Client Name	CCS Number	SAR Status	Service Begin Date	Service End Date
97000000200	NATHANIEL SMITH	3305032	Pending	04/01/2004	04/30/2004
97000000210	NATHANIEL SMITH	3305032	Pending	04/01/2004	04/01/2004
1-2 out of 2 Matching Records					
Back to Top of Page					
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10. View SAR Details

Authorization Provider Formulary Procedure Code Administration Reports			
View SAR			
FRANCISCO CARLOS CHAVEZ III, 3331366		AUTHORIZED, SAR ID 97000000680	
Authorize	Deny	Cancel	Modify Extend Delete Print
CLIENT INFORMATION			
Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE
DOB:	02/04/1984	Diagnostic Only:	NO
CIN:	97461633C5	CCS Elig Status:	9N CCS-MAC ONLY
Gender:	MALE	County:	KINGS
Reg Status:	ACTIVE	Application Status:	SIGNED APP
		PSA Status:	SIGNED
		Program Begin Date:	12/18/2002
		Program End Date:	12/18/2004
PROVIDER INFORMATION			
Provider Name:	KAISER FOUNDATION HOSP	Provider Number:	HSP30686F
Address:	10800 MAGNOLIA AVE, RIVERSIDE, CA, 92505-3000	County:	RIVERSIDE
SAR INFORMATION			
SAR Number:	97000000680	Request Date:	06/30/2004
Service Begin Date:	07/01/2004	Service End Date:	09/01/2004
No Of Days:	10	State Funded:	N
EPSDT-SS:	N	CCS-SS:	N
State Approved Category:			
Primary Diagnosis:	745.4 VENTRICULAR SEPTAL DEFECT		
Secondary Diagnosis:			

24.3 How to Search for SAR by SAR

Notes

1. Access SAR by clicking the “Authorization” link on the CMS Net Menu Bar.
2. On the Search-Service Authorization page, click the “By SAR Number” option.
3. Enter the SAR number.
4. Click the “Search” button.

The screenshot shows the 'Search - Service Authorization' page. At the top is a navigation bar with links: Authorization | Provider | Formulary | Procedure Code | Administration | Reports. Below this is a header 'Search - Service Authorization'. The page is divided into three main sections: 'BY CLIENT', 'BY PROVIDER', and 'BY SAR NUMBER'. The 'BY CLIENT' section has fields for CCS Number, Date of Birth (with Mon, Day, Year dropdowns), Client Name, Gender (Select dropdown), Client Index Number, SSN, and Legal County (Select dropdown). The 'BY PROVIDER' section has radio buttons for Hospital / Medical Provider, Special Care Centers, and Dental Provider. It also has fields for Name, Begin Date (with Mon, Day, Year dropdowns), SAR Status (Select dropdown), Provider ID, and Service End Date (with Mon, Day, Year dropdowns). Red 'find' buttons are next to the Name and Provider ID fields. The 'BY SAR NUMBER' section has a text field for SAR Number containing '97000000200'. A yellow box with the number '2.' points to the 'BY SAR NUMBER' section. A yellow box with the number '3.' points to the SAR Number field. A red 'Search' button is circled, and a red 'Clear' button is next to it.

Eleven numbers must be entered for **SAR Number**. Partial searches are not allowed.

5. View SAR Details

Authorization	Provider	Formulary	Procedure Code	Administration	Reports		
NATHANIEL SMITH, 3305032			Authorized, SAR ID 97000000200				
Authorize	Deny	Cancel	Modify	Extend	Delete	Print	
CLIENT INFORMATION							
Client Name:	NATHANIEL SMITH	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE		
CCS Number:	3305032	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP		
DOB:	11/12/1997	Diagnostic Only:	No	PSA Status:	SIGNED		
CIN:	97641843D8	CCS Elig Status:	9K CCS	Program Begin Date:	01/01/2004		
Gender:	Male	County:	Placer	Program End Date:	12/31/2004		
PROVIDER INFORMATION							
Provider Name:	TETZLAFF, THOMAS R MD			Provider Number:	FS4901334		
Address:	75 PRINGLE WAY, STE 801, RENO, NV, 89502-8400			County:	null		
SAR INFORMATION							
SAR Number:	97000000200	Request Date:	04/08/2004				
Service Begin Date:	04/01/2004	Service End Date:	04/30/2004				
No Of Days:	29	State Funded:	No				
EPSDT-SS:	Yes	CCS-SS:	No				
Category:	Incontinent Supplies for Children Under Five	State Approved					
SERVICE REQUEST AUTHORIZATION							
Service Code	Modifier	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
33310			EXPLORATORY HEART SURGERY		1.0		
01			PHYSICIAN		1.0		
AUTHORIZATION DETAILS							
Date:	06/24/2004	Authorized By:	MCCARLEY, TRACI	Reporting Category:	TREATMENT		
Special Instructions:							
DENIAL DETAILS							
Date:		Denied By:		Effective Date:			
Denial Reason:							
CANCELLATION DETAILS							
Date:		Canceled By:					
Cancellation Reason:							
EXTENSION DETAILS							
Date:		Extended By:		Extended SAR No:			
OTHER DETAILS							
Last Update Date:	06/24/2004	Last Update By:	MCCARLEY, TRACI				

25 Reports

Introduction to Reports

CMS Net Web has a set of pre-designed reports that users with the appropriate security access can obtain.

Objectives

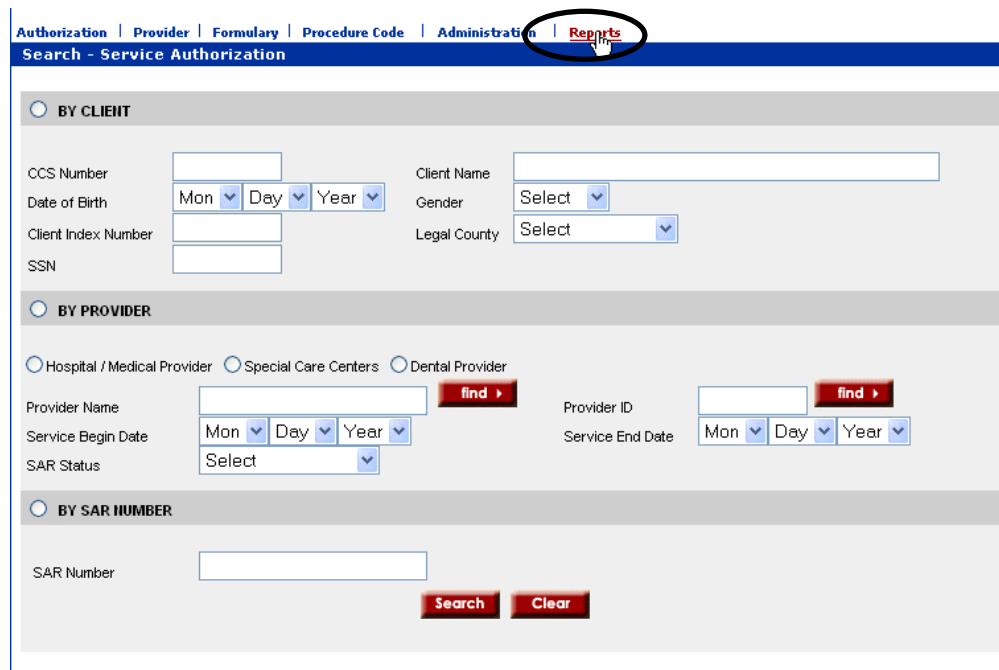
At the completion of this section, you will be able to:

- Run a report in CMS Net Web
- Print a report in CMS Net Web

25.1 How to Access Reports in CMS Net Web

Notes

1. Click “Reports” on the CMS Net Web toolbar.



The screenshot displays the CMS Net Web interface. At the top, a navigation bar contains the following tabs: Authorization, Provider, Formulary, Procedure Code, Administration, and Reports. The Reports tab is highlighted with a red circle and a mouse cursor. Below the navigation bar is a blue header with the text 'Search - Service Authorization'. The main content area is divided into three sections, each with a radio button and a title:

- BY CLIENT**: This section contains input fields for CCS Number, Date of Birth (with dropdowns for Mon, Day, Year), Client Name, Gender (with a Select dropdown), Client Index Number, SSN, and Legal County (with a Select dropdown).
- BY PROVIDER**: This section contains radio buttons for Hospital / Medical Provider, Special Care Centers, and Dental Provider. It also includes input fields for Provider Name, Service Begin Date (with dropdowns for Mon, Day, Year), SAR Status (with a Select dropdown), Provider ID, Service End Date (with dropdowns for Mon, Day, Year), and buttons for 'find' and 'find'.
- BY SAR NUMBER**: This section contains an input field for SAR Number and buttons for 'Search' and 'Clear'.


2. Find the report you wish to view on the Reports Menu (left hand side of the page).

Notes

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Reports - Please Click on the links below to view reports

- ▶ Provisional Approval Providers
- ▶ PMF Provider Status Update
- ▶ Time From Service Request to Authorization
- ▶ Expiring Authorizations
- ▶ SARS with EPSDT-SS Indicator
- ▶ SARS with CMIP Indicator
- ▶ Alternate Codes
- ▶ Print Authorizations
- ▶ Service Requests Requiring State Approval
- ▶ Service Requests Approval Status


California Department of Health Services

25.2 Reports Available in CMS Net Web

Depending on the security profile of the user who logged in CMS Net Web, there are different reports available for use. Here is a graphic that shows which security profiles have access to each report in CMS Net Web.

	County User	SAR Add, SAR Authorize	Regional Office User	Regional Office Administrator	State Administrator	Provider Management, Provider Approver
Print Authorizations Report	Yes	Yes		Yes	Yes	
Time from Service Request to Authorization Report	Yes	Yes	Yes	Yes	Yes	Yes
Expiring Authorizations Report	Yes	Yes	Yes	Yes	Yes	Yes
SARs with EPSDT-SS Report	Yes	Yes	Yes	Yes	Yes	Yes
PMF Provider Status Update Report	Yes	Yes	Yes	Yes	Yes	Yes
Service Request Approval Status Report		Yes		Yes	Yes	
Provisionally Approved Providers Report				Yes	Yes	Yes
SARs with CMIP Report				Yes	Yes	
Service Requests Requiring State Approval Report					Yes	
Alternate Codes Report					Yes	

Here is a short description for each report.

Report Name	Report Description
Print Authorizations Report	Prints copies of SARs that were authorized over a span of up to seven days for a specified county.
Time from Service Request to Authorization Report	Displays the number of SARs for each reporting category for a specified county or regional office. The tallies report for the number of days between the Service Request Date and the Authorized Date.
Expiring Authorizations Report	Displays a list of SARs that will expire in a given date range for a specified county.
SARs with EPSDT-SS Report	Displays a list of EPSDT-SS SARs for a specified regional office or county.
PMF Provider Status Update Report	Lists all providers (and the SARs associated to those providers) that have become inactive in the PMF.
Service Request Approval Status Report	This report lists the SARs (including the status of the SAR) that require state approval within a county.

Provisionally Approved Providers Report	This report lists all providers with “Provisional Approval” paneling status, that have their Next Review Date within a specified date range.
SARs with CMIP Report	Displays a list of SARs with CMIP indicator.
Service Requests Requiring State Approval Report	This statewide report lists all SARs that need state approval for a time period specified by the user (includes EPSDT-SS or CCS-SS SARs).
Alternate Codes Report	This report displays all SARs that have used a miscellaneous code and entered an alternate code or description for a county.

25.2.1 Print Authorizations Report

SAR #: 97000000680

CONFIDENTIAL
CALIFORNIA CHILDREN'S SERVICES (CCS)
SRO-SACRAMENTO REGIONAL OFFICE
P.O. BOX 997413
MS 8100
SACRAMENTO, CA 95899-7413
TELEPHONE: (916) 327-3100

Authorized Provider: KAISER FOUNDATION HOSP
10800 MAGNOLIA AVE
RIVERSIDE CA 92505-3000

Provider Number: HSP30686F
Telephone: (714) 785-4600

AUTHORIZATION FOR SERVICES

Authorization is for services and effective dates indicated below, in accordance with CCS program policies and fee schedule. Authorization for additional services not listed below must be requested in advance. By providing these authorized services, I agree to accept payment from the CCS program as payment in full. If you have a Service Code Grouping (SCG) authorization, please check your Medi-Cal manual for services included in the SCG.

CCS CLIENT INFORMATION

Client Name: FRANCISCO CARLOS CHAVEZ III
Parent/Guardian: CAMELIA CHAVEZ
Address: 5704 NEWARK
CORCORAN, CA 93212

Client Index Number: 97461633C5
Medi-Cal Number: 16820140248Z01
CCS Case Number: 3331366
DOB: 02/04/1984
Telephone: (559) 992-5234

Primary Diagnosis: 745.4 VENTRICULAR SEPTAL DEFECT
Secondary Diagnosis:

AUTHORIZATION INFORMATION

Effective Dates: 07/01/2004 through 09/01/2004 **Number of days:** 10

SPECIAL INSTRUCTIONS

In order for the CCS program to authorize services timely, please send findings, recommendations, treatment plan and progress reports at least every 6 months. This authorization valid only as long as client is enrolled in Medi-Cal. Family has not signed CCS program papers; therefore, client will not be enrolled in CCS with loss of Medi-Cal coverage.

Please refer to the Medi-Cal manual for billing instructions. Thank you for your continued participation in the California Children's Services Program.

Issued By: MCCARLEY, TRACI (SRO)

Date Authorized: 08/31/2004

SAR #: 97000000680

25.2.2 Time from Service Request to Authorization Report

<Report-Date>

Children's Medical Services (CCS)

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<Report-Name>

Reporting for County/Regional Office: (<County> or <Regional-Office>)

Reporting for Date of Service Request <Begin Date entered on the Time from Service Request Report Page> to Authorization Date <End Date entered on the Time from Service Request Report Page>

The Non EPSDT-SS SARs in this column count those in the Treatment Reporting category.		The Non EPSDT-SS SARs in this column count those in the Vended Therapy Reporting category.		These EPSDT-SS SARs in this column count those in the Treatment Reporting category.		These EPSDT-SS SARs in this column count those in the Vended Therapy Reporting category.	
↓		↓		↓		↓	
Non EPSDT-SS		Non EPSDT-SS		EPSDT-SS		EPSDT-SS	
Funding Category	Treatment	Vended Therapy	Treatment	Vended Therapy	Treatment	Vended Therapy	Treatment
-15 to -6							
-5 to -1							
0 to 5							
6 to 15							
16 to 30							
31 to 60							
61+							

Each count is determined by calculating the number of days elapsed between the Authorization Date and the Date that the SAR was requested.

- The Service Request Date is entered by the user on the “Enter SAR Information” page.
- The Authorization Date is the date that the “Authorize” button was clicked for the SAR on the “Authorize SAR” tab.

For example, in the first row (=15 to -6), CMS Net Web counts the number of SARs where the number of days elapsed between Date Authorized and Date Requested is between -15 and -6. In other words, this count represents retro-actively authorized SARs the SAR were requested 6-15 days after the date of authorization.

25.2.3 Expiring Authorizations Report

The Expiring Authorizations Report will list authorizations that will expire in the supplied date range.

<Report-Date>

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Reporting for County: <County>

Reporting for Authorizations expiring between <the first end date entered on the Expiring Authorizations Report Page> and <the second end date entered on the Expiring Authorizations Report Page>

SAR Number	Client Name	CCS No	Provider Name	Service Begin Date	Service End Date
Number assigned by CMS Net Web to the SAR	The name of the client to whom the SAR was issued.	The CCS number of the client to whom the SAR was issued.	The provider that has been associated to the SAR.	The date entered in the "Service Begin Date" field on the Enter SAR Information page.	The date entered in the "Service End Date" field on the Enter SAR Information page.

25.2.4 SARs with EPSDT-SS Report

This report lists all EPSDT-SS SARs (indicated on the Enter SAR Information page) for the county/ region and date range specified.

<Report-Date>

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<Report-Name>

Reporting for County: <County>

Reporting for Service Begin Date < Service Begin Date entered on the SARs with EPSDT-SS Report Page > to Service-End-Date < Service End Date entered on the SARs with EPSDT-SS Report Page>

<County>

SAR No	Client Name	Service Begin Date	Service Code	Quantity	Units	Amount	SAR Status	Provider Name	Service End Date	Service Description

25.2.5 PMF Provider Status Update Report

This report will display all providers that have become inactive on the PMF. Along with additional provider information, all SARs associated with the provider will be listed.

<Report-Date>

Children's Medical Services (CCS)

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<Report-Name>

Reporting all PMF Provider Status updates on <Date-of-Report>

Provider Number	Provider Name	Provider Type	Status Effective Date	SAR Number
<Provider-Number>	<Provider-Name>	<Provider-Type>	<Effective-Date>	<SAR-Number>
				<SAR-Number>
				<SAR-Number>
				<SAR-Number>
				<SAR-Number>

25.2.6 Service Requests Approval Status Report

This report lists the SARs (including the status of the SAR) that require state approval within a county.

<Report-Date>

Children's Medical Services (CCS)

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Reporting for County: <County>

Reporting from Service Begin Date <Service Begin Date entered on the Service Requests Approval Status Report Page > to Service End Date <Service End Date entered on the Service Requests Approval Status Report Page>

SAR Number	Client Name	Approval Status	Category	CCS Number	Service Begin Date	Service End Date
<SAR-Number>	<Client-Name>	<State-Approved>	<SS-Category>	<CCS-Number>	<Service-Begin-Date>	<Service-End-Date>
Number assigned by CMS Net Web to the SAR	The name of the client to whom the SAR was issued.	Values for the SAR: 1. "Pending" for SARs that have not been received State Approval yet. 2. "Not Approved" for SARs where the State Approved value is "No" on the Enter SAR Information page. 3. "Approved" for SARs where the State Approved value is "Yes" on the Enter SAR Information page.	This is the "Category" selected on the Enter SAR Information page.	The CCS number of the client to whom the SAR was issued.	The date entered in the "Service Begin Date" field on the Enter SAR Information page.	The date entered in the "Service End Date" field on the Enter SAR Information page.

25.2.7 Provisionally Approved Provider Report

This report lists all providers with “Provisional Approval” paneling status, that have thier Next Review Date within a specified date range.

<Report-Date>

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<Report-Name>

Report from <Begin-Date> to <End-Date>

Provider Name	Provider Number	Next Review Date	Certificate Name
<Provider-Name>	<Provider-Number>	<Provider-Next-Review-Date>	<Certificate-Name>
<Provider-Name>	<Provider-Number>	<Provider-Next-Review-Date>	<Certificate-Name>
<Provider-Name>	<Provider-Number>	<Provider-Next-Review-Date>	<Certificate-Name>
<Provider-Name>	<Provider-Number>	<Provider-Next-Review-Date>	<Certificate-Name>

25.2.8 SARs with CMIP Report

This report lists all CMIP SARs for the county/ region and date range specified.

<Report-Date>

Children's Medical Services (CCS)

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Reporting for County: <County>

Reporting from Service Begin Date <Service Begin Date entered on the SARs with CMIP Report Page > to Service End Date < Service End Date entered on the SARs with CMIP Report Page >

<County>

User Name	SAR ID	SAR Status

25.2.9 Service Requests Requiring State Approval Report

This statewide report lists all SARs that need state approval for a time period specified by the user. SARs that need state approval will be EPSDT-SS or CCS-SS with a category that requires state approval.

<Report-Date>

Children's Medical Services (CCS)

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Reporting Statewide

Reporting from Service Begin Date <Service Begin Date entered on the Service Requests Requiring State Approval Report Page> to Service End Date <End Date entered on the Service Requests Requiring State Approval Report Page >

<County>

Category	SAR Number	Client Name	CCS Number	Service Begin Date	Service End Date
<SS-Category>	<SAR-Number>	<Client-Name>	<CCS-Number>	<Service-Begin-Date>	<Service-End-Date>
This is the "Category" selected on the Enter SAR Information page.	Number assigned by CMS Net Web to the SAR	The name of the client to whom the SAR was issued.	The CCS number of the client to whom the SAR was issued.	The date entered in the "Service Begin Date" field on the Enter SAR Information page.	The date entered in the "Service End Date" field on the Enter SAR Information page.

25.2.10 Alternate Codes Report

This report displays all SARs within a selected county that have used a miscellaneous code and entered an alternate code or description.

<Report-Date>

Children's Medical Services (CCS)

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Reporting for County: <County>

Reporting from Service Begin Date <Service-Begin-Date> to Service End Date <Service-End-Date>

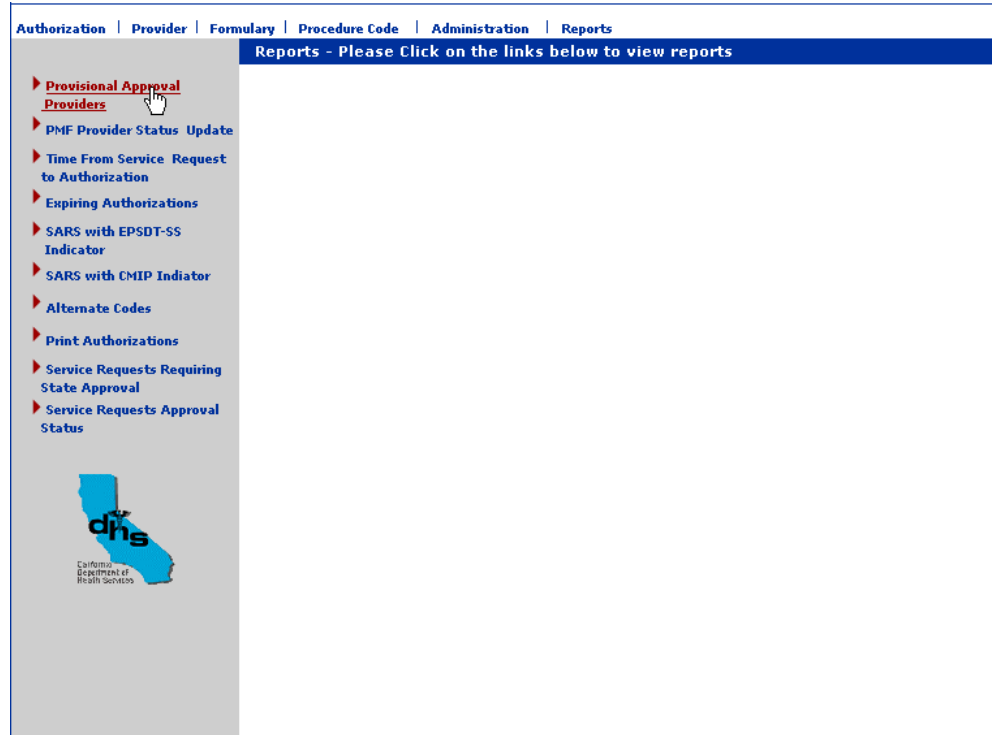
Alternate Code	Miscellaneous Code	User Name	SAR Number	SAR Status
<Alternate-Code OR Alternate Description>	<Service-Code>	<Authorized-By>	<SAR-Number>	<SAR-Status>
	<Service-Code>	<Authorized-By>	<SAR-Number>	<SAR-Status>
	<Service-Code>	<Authorized-By>	<SAR-Number>	<SAR-Status>
<Alternate-Code OR Alternate Description>	<Service-Code>	<Authorized-By>	<SAR-Number>	<SAR-Status>
	<Service-Code>	<Authorized-By>	<SAR-Number>	<SAR-Status>

25.3 Example of how to run the Print Authorization Report.

Notes

25.3.1 Select the Report off the Reports Menu

1. Click the “Print Authorizations” link



25.3.2 Enter the Requested Information on the Reports Page


Notes

1. Select the County for the Print Authorization Report.
2. Enter the beginning date range.
3. Enter the ending date range.
4. Click the “Run Report” button.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Print Authorizations

- Provisional Approval Providers
- PMF Provider Status Update
- Time From Service Request to Authorization
- Expiring Authorizations
- SARS with EPSDT-SS Indicator
- SARS with CMIP Indicator
- Alternate Codes
- Print Authorizations
- Service Requests Requiring State Approval
- Service Requests Approval Status



County * Kings

Date Range

* Apr 19 2004 to

* Apr 25 2004

Run Report **Clear**

25.3.3 View Report Output

1. View the Report Output

SAR #: 97000000680

CONFIDENTIAL
CALIFORNIA CHILDREN'S SERVICES (CCS)
SRO-SACRAMENTO REGIONAL OFFICE
P.O. BOX 997413
MS 8100
SACRAMENTO, CA 95899-7413
TELEPHONE: (916) 327-3100

Authorized Provider: KAISER FOUNDATION HOSP
10800 MAGNOLIA AVE
RIVERSIDE CA 92505-3000

Provider Number: HSP30686F
Telephone: (714) 785-4600

AUTHORIZATION FOR SERVICES

Authorization is for services and effective dates indicated below, in accordance with CCS program policies and fee schedule. Authorization for additional services not listed below must be requested in advance. By providing these authorized services, I agree to accept payment from the CCS program as payment in full. If you have a Service Code Grouping (SCG) authorization, please check your Medi-Cal manual for services included in the SCG.

CCS CLIENT INFORMATION

Client Name: FRANCISCO CARLOS CHAVEZ III
Parent/Guardian: CAMELIA CHAVEZ
Address: 5704 NEWARK
CORCORAN, CA 93212

Client Index Number: 97461633C5
Medi-Cal Number: 16820140248Z01
CCS Case Number: 3331366
DOB: 02/04/1984
Telephone: (559) 992-5234

Primary Diagnosis: 745.4 VENTRICULAR SEPTAL DEFECT
Secondary Diagnosis:

AUTHORIZATION INFORMATION

Effective Dates: 07/01/2004 through 09/01/2004 **Number of days:** 10

SPECIAL INSTRUCTIONS

In order for the CCS program to authorize services timely, please send findings, recommendations, treatment plan and progress reports at least every 6 months. This authorization valid only as long as client is enrolled in Medi-Cal. Family has not signed CCS program papers; therefore, client will not be enrolled in CCS with loss of Medi-Cal coverage.

Please refer to the Medi-Cal manual for billing instructions. Thank you for your continued participation in the California Children's Services Program.

Issued By: MCCARLEY, TRACI (SRO)

Date Authorized: 08/31/2004

SAR #: 97000000680

25.3.4 Printing the Report: Set the Report for Landscape (lengthwise) Orientation for Selected Reports

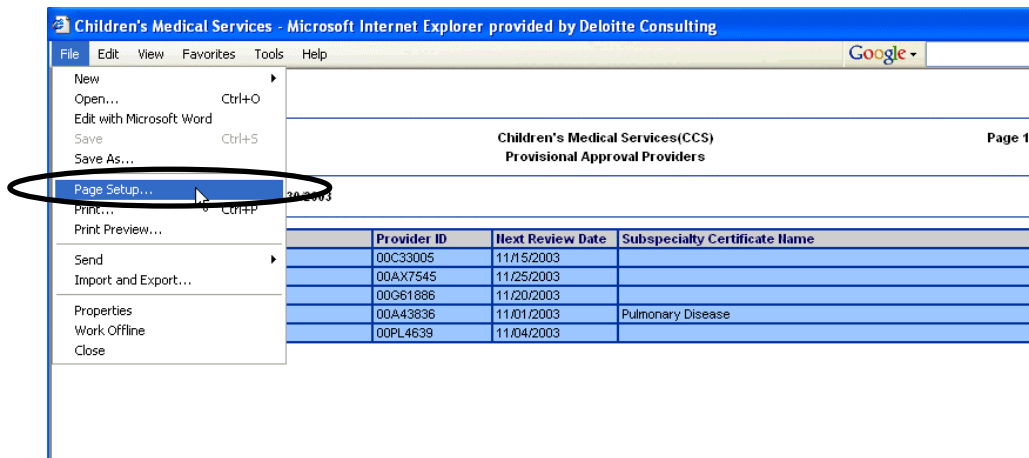
Notes

The following reports are formatted for lengthwise (landscape) on the paper:

- PMF Provider Status Update
- Expiring Authorizations
- SARS with EPSDT-SS Indicator
- SARS with CMIP Indicator
- Alternate Codes
- Service Requests Requiring State Approval
- Service Requests Approval Status

To configure the web-page to print out the report in landscape view, you may follow these steps.

1. On the File Menu, select Page Setup.



2. Search for the "Orientation" group box.
3. Click the radio button for "Landscape" inside the Orientation group box.

Report Date: 02/25/2004

Children's Medical Services(CCS)
Provisional Approval Providers

Page 1

Report from 11/01/2003 to 11/30/2003

Provider Name	P
GRACE, LAWRENCE J MD INC	00
LAU, JONATHAN B DO	00
SANCHEZ, JOHN H MD INC	00
SIMKIN, JOSEFA F MD	00
THOMAS, ARLO PHD	00

Page Setup

Paper

Size:
Letter

Source:
Automatically Select

Headers and Footers

Header
Page 8p of 8P

Footer
Page 8p of 8P

Orientation

☐ Portrait
☒ Landscape

Margins (inches)
Left: 0.75 Right: 0.75
Top: 0.75 Bottom: 0.75

OK Cancel Printer...

4. Click OK.

Report Date: 02/25/2004

Children's Medical Services(CCS)
Provisional Approval Providers

Page 1

Report from 11/01/2003 to 11/30/2003

Provider Name	P
GRACE, LAWRENCE J MD INC	00
LAU, JONATHAN B DO	00
SANCHEZ, JOHN H MD INC	00
SIMKIN, JOSEFA F MD	00
THOMAS, ARLO PHD	00

Page Setup

Paper

Size:
Letter

Source:
Automatically Select

Headers and Footers

Header
Page 8p of 8P

Footer
Page 8p of 8P

Orientation

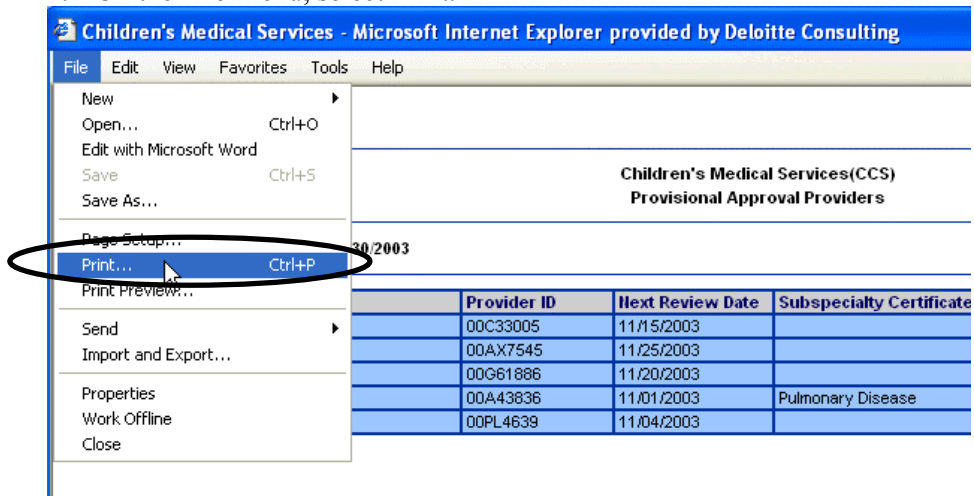
☐ Portrait
☒ Landscape

Margins (inches)
Left: 0.75 Right: 0.75
Top: 0.75 Bottom: 0.75

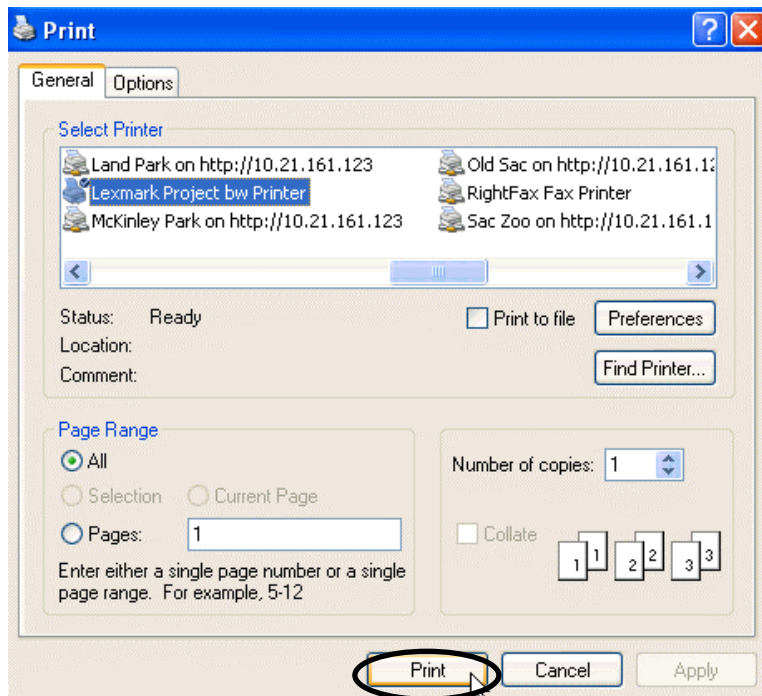
OK Cancel Printer...

25.3.5 Now You Are Ready to Print the Report!

1. On the File Menu, select Print.



2. Click "Print" on the Print dialog box.



26 SAR Examples

SAR Examples

This section will provide screen shot examples of how to enter common SARs. These examples will include a screen shot of the enter SAR screen.

This information is meant to assist with the entry of SARs on the Enter SAR screen for training purposes. Note that not all SAR business rules were applied to the examples, for example the Dates of Service Match, Provider approval, etc.

26.1 Example of Diabetic Supply SAR

Notes

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Enter SAR

KIDDO TEST, T140288

Required fields are marked in *

CLIENT INFORMATION

Client Name: KIDDO TEST F/R Elig: ELIGIBLE Reg Status: PENDING
 CCS Number: T140288 Med Elig Status: Application Status: 1ST LETTER SENT
 Date of Birth: 01/01/1999 Diagnostic Only: PSA Status: Program Begin Date: 02/09/2003
 CIN: CCS Elig Status: Program End Date:
 Gender: FEMALE County: SHASTA

PROVIDER INFORMATION

Provider Name: RITE AID #6195 Provider Number: PHA434880
 Address: 9000 MING AVE, STE A, BAKERSFIELD, CA, 93311-1319 County: Kern

SAR INFORMATION

SAR Number: SAR Status:
 Service Begin Date: Jan 1 2004 Service End Date: Dec 31 2004
 Service Request Date: Jan 1 2004 Number of Days:
 EPSDT-SS: ☐ Category: Select
 CCS SS: ☐ State Approved: ☐ Yes ☐ No
 State Funded: ☐
 Primary Diagnosis: 250.01 DIABETES MELLITUS WITHOUT MENTION find
 Secondary Diagnosis: find

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	00193654621	NU RP RR			MICROLET LANCETS		4	100	
<input type="checkbox"/>	00193288221	NU RP RR			KETO-DIASTIX REAGENT STRIPS		4	100	
<input type="checkbox"/>	9926AAB	NU RP RR			DISPOSABLE NEEDLES		365		

SPECIAL INSTRUCTIONS

Add Services Submit Undo

Eff. 11/1/04 Test Strips and Lancets must be authorized with the National Drug Code (NDC)

NOTE: These are the only Diabetic supplies with NDC currently.

For NDC enter the number of refills in units and the total for each dispensing in the quantity (DO NOT MULTIPLY THE QUANTITY OUT FOR ANY NDC)

Needles must be authorized with the medical supply code beginning with "99".

For Medical supply codes enter the total number of each item to cover the dates of service on the SAR
 (MULTIPLY OUT THE TOTAL NUMBER OF ITEMS AUTHORIZED)

26.2 Example of Oxygen and Tracheostomy Supply SAR

Enter SAR

Notes

KIDDO TEST, T140288

Required fields are marked in *

CLIENT INFORMATION

Client Name: KIDDO TEST F/R Elig: ELIGIBLE Reg Status: PENDING
 CCS Number: T140288 Med Elig Status: Application Status: 1ST LETTER SENT
 Date of Birth: 01/01/1999 Diagnostic Only: PSA Status:
 CIN: CCS Elig Status: Program Begin Date: 02/09/2003
 Gender: FEMALE County: SHASTA Program End Date:

PROVIDER INFORMATION

Provider Name: APRIA HEALTH CARE INC Provider Number: DME03144F
 Address: 231 N PUENTE ST,BREA,CA,92621-3825 County: Orange

SAR INFORMATION

SAR Number: SAR Status:
 Service Begin Date: Nov 30 2004 Service End Date: Dec 1 2004
 Service Request Date: Jan 1 2004 Number of Days:
 EPSDT-SS: Category: Select
 CCS SS: State Approved: Yes No
 State Funded:
 Primary Diagnosis: 277.00 CYSTIC FIBROSIS WITHOUT MENTION OF find
 Secondary Diagnosis: find

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	E1355	NU RP RR	1		STAND/RACK		1		
<input type="checkbox"/>	A4615	NU RP RR	1		CANNULA, NASAL		24		
<input type="checkbox"/>	A9900	NU RP RR	1		DME SUPPLY/ACCESSORY/SERVICE		1		
<input type="checkbox"/>	E0441	NU RP RR	1		OXYGEN CONTENTS, GASEOUS		960		
<input type="checkbox"/>	E0442	NU RP RR	1		OXYGEN CONTENTS, LIQUID		360		
<input type="checkbox"/>	S8182	NU RP RR	1		HUMIDIFIER NON-SERVO		1		
<input type="checkbox"/>	9981JAB	NU RP RR			TRACHEOSTOMY SUPPLIES TUBES AL		4		
<input type="checkbox"/>	9981EAI	NU RP RR			TRACHEOSTOMY SUPPLIES CARE TRA		365		
<input type="checkbox"/>	9981KSC	NU RP RR			TRACHEOSTOMY SUPPLIES OTHERS		12		

SPECIAL INSTRUCTIONS

E1355 rental toward purchase

Allowable Modifiers effective 11/1/04:

NU Purchase, new
 RR Rental
 RP Repair and replacement
 Y1 Rental without sales tax
 Y6 Rental with sales tax
 Y7 Purchase, repair, mileage, with sales tax

Modifier:

“Rental” and “Purchase” selections for “Modifier” must be used for DME & DME accessories only.

Search for DME and DME accessories in the procedure code file.

Search for medical supplies in the medical supply file.

For Procedure and Medical supply codes enter the total number of each item to cover the dates of service on the SAR

26.3 Example of Durable Medical Equipment SAR

Enter SAR

KIDDO TEST, T140288

Required fields are marked in *

CLIENT INFORMATION			
Client Name:	KIDDO TEST	F/R Elig:	ELIGIBLE
CCS Number:	T140288	Med Elig Status:	
Date of Birth:	01/01/1999	Diagnostic Only:	
CIK:		CCS Elig Status:	
Gender:	FEMALE	County:	SHASTA
Reg Status:	PENDING	Application Status:	1ST LETTER SENT
PSA Status:		Program Begin Date:	02/09/2003
Program End Date:			

PROVIDER INFORMATION	
Provider Name:	WHEELCHAIRS OF BERKELEY
Address:	2911 SHATTUCK AVE, BERKELEY, CA, 94705-1808
Provider Number:	DME00235F
County:	Alameda

SAR INFORMATION	
SAR Number	SAR Status
Service Begin Date *	Jan 1 2004
Service End Date	Jul 31 2004
Service Request Date *	Jan 1 2004
Number of Days	
EPSDT-SS	<input type="checkbox"/>
Category	Select
CCS SS	<input type="checkbox"/>
State Approved	<input type="radio"/> Yes <input type="radio"/> No
State Funded	<input type="checkbox"/>
Primary Diagnosis *	343.4 INFANTILE HEMIPLEGIA find >
Secondary Diagnosis	find >

SERVICE CODE INFORMATION									
Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	E0961	NU RP RR	1		WHEELCHAIR BRAKE EXTENSION		2		
<input type="checkbox"/>	E0964	NU RP RR	1		CUSHION, FOR WHEELCHAIR		1		
<input type="checkbox"/>	E0966	NU RP RR	1		WHEELCHAIR HEAD REST EXTENSION		1		
<input type="checkbox"/>	E0968	NU RP RR	1		COMMUNE SEAT, WHEELCHAIR		1		
<input type="checkbox"/>	E0980	NU RP RR	1		SAFETY VEST, WHEELCHAIR		1		
<input type="checkbox"/>	E1091	NU RP RR	1		YOUTH WHEELCHAIR, ANY TYPE		1		

SPECIAL INSTRUCTIONS	

Add Services Submit Undo

Notes

Allowable Modifiers effective 11/1/04:

NU Purchase, new
RR Rental
RP Repair and replacement
Y1 Rental without sales tax
Y6 Rental with sales tax
Y7 Purchase, repair, mileage, with sales tax

Modifier:

“Rental” and “Purchase” selections for “Modifier” must be used for DME & DME accessories only.

Search for DME and DME accessories in the procedure code file.

26.4 Example of Special Care Center SAR

Notes

Enter SAR

KIDDO TEST, T140288

Required fields are marked in *

CLIENT INFORMATION			
Client Name:	KIDDO TEST	F/R Elig:	ELIGIBLE
CCS Number:	T140288	Med Elig Status:	
Date of Birth:	01/01/1999	Diagnostic Only:	
CIN:		CCS Elig Status:	
Gender:	FEMALE	County:	SHASTA
Reg Status:	PENDING	Application Status:	1ST LETTER SENT
PSA Status:		Program Begin Date:	02/09/2003
Program End Date:			

PROVIDER INFORMATION	
Provider Name:	BAY AREA HEARING AND SPEECH CENTER - TYPE A
Address:	400 29th Street, Suite 3 Oakland CA 94609
Provider Number:	7.33.5
County:	Alameda

SAR INFORMATION	
SAR Number	SAR Status
Service Begin Date *	Service End Date
Service Request Date *	Number of Days
EPSDT-SS	Category
CCS SS	State Approved
State Funded	
Primary Diagnosis *	
Secondary Diagnosis	

SERVICE CODE INFORMATION									
Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	04	NU RP RR			COMMUNICATION DISORDER CENTERS		1		

SPECIAL INSTRUCTIONS

Add Services Submit Undo

Authorize a Service Code grouping.

Additional medical procedure codes may be added if necessary.

27 **SAR Special Instructions Reference**

SAR Special Instructions Reference

This section provides a complete listing of numbered SAR special instructions for your reference.

27.1 Special Instructions Reference

No.	Special Instructions
1	In order for the CCS program to authorize services timely, please send findings, recommendations, treatment plan and progress reports at least every 6 months.
2	The services to treat the CCS eligible condition are carved out of the Healthy Families plans. Please bill the authorized services directly to the Medi-Cal Fiscal Intermediary.
3	Delta Dental will review all requests for authorization of dental services for CCS clients that require a Treatment Authorization Request (TAR) in accordance with existing Denti-Cal policies, procedures, and requirements.
4	This authorization valid only as long as client is enrolled in Medi-Cal. Family has not signed CCS program papers; therefore, client will not be enrolled in CCS with loss of Medi-Cal coverage.
5	Further authorizations for length of stay are contingent upon receipt of progress notes.
6	Further authorization for length of stay is contingent upon receipt of discharge summary.
7	Eligible for High Risk Infant Follow-Up until 3 years of age.
8	Infant covered under Mother's Medi-Cal only.
9	Current medical nutrition assessment is required every 6 months.
10	Refer to Title 22, California Code of Regulations, Section 51321 for rent to purchase regulations regarding Durable Medical Equipment and the Medi-Cal Provider Manual.
11	Provider must bill other health insurance (OHC) first; submit Explanation of Benefits (EOB) with claim.
12	Client will turn 21 years of age on next birthday and will no longer be eligible for CCS services.
13	DME 'By-Report' items: Model/Number: Manufacturer: Other: Please submit the following with your claim: 1. A copy of the CCS authorization; 2. Manufacturer's purchase invoice and the MSRP (a catalog page); 3. Item description; 4. Manufacturer name; 5. Model number; 6. Catalog number
14	Medical Foods: List each specific food in the Special Instructions Section with the following items: Item Number, Medical Food Product Name, Amount, and Price.
15	Medical Foods - Specific instructions for the provider. Please submit the following with your claim: 1. A copy of the CCS authorization; 2. Item description; 3. Invoice. Reauthorization instructions: If reauthorization is to be requested, please instruct the provider to submit the following one month before authorization expires: 1. A written prescription signed by a CCS paneled physician for low protein foods or other specific medical foods. Including specific quantity and vendor price of each medical food requested; 2. Snack foods are not to exceed 10 percent of the total price; 3. A copy of the current, within the last six months, nutritional assessment and treatment plan by the CCS paneled registered dietitian (RD) that includes the number of phenylalanine exchanges from low protein foods for PKU requests. The Center RD must see the CCS client every six months; 4. Current medical history and center evaluation, within the last six months, that includes diagnosis and medical conditions; 5. Documentation that the medical food is specially formulated and necessary for the specific dietary management of a disease or condition for which specific nutritional requirements exist.
16	Miscellaneous code Z5999 Non- DME. For this 'By-Report' code please submit the following items: 1. A copy of the CCS authorization; 2. Medical report that describes the procedure, and or detailed description and itemization of the services provided; 3. Cost of the service provided.

No.	Special Instructions
17	Speech therapy: If reauthorization is requested, provider must submit a progress report one month before authorization expires that includes the following: 1. Beginning baselines and ending performance for each goal, so that progress can easily be assessed by the reviewer; 2. Any new measurable goals with baseline performance, including means and method of measurement; 3. Attendance expressed as the number of sessions attended/sessions scheduled; 4. Information regarding any early intervention or school services received.
18	Aural Rehabilitation: If reauthorization is to be requested, provider must submit a progress report one month before authorization expires that includes the following: 1. Beginning baselines and ending performance for each goal, so that progress can easily be assessed by the reviewer; 2. Any new measurable goals with baseline performance, including means and method of measurement; 3. Attendance expressed as the number of sessions attended/sessions scheduled; 4. Information regarding any early intervention or school services received.
19	Hearing Aid Batteries: Please submit the manufacturer's invoice indicating the cost of each battery.
20	EPSDT-SS: Provider must submit claims for EPSDT Supplemental Services on a separate claim form from any other Medi-Cal benefit item/service. Include pricing attachment, if appropriate.
21	Medical Nutrition Therapy. Please submit the following information with your claim: 1. A copy of the CCS authorization; 2. A detailed description and itemization of the services provided; 3. Cost of the service provided. If reauthorization is to be requested, please instruct the clinician to submit a progress report one month before authorization expires that includes the following: 1. Completed Service Authorization Request form; 2. A copy of the progress notes, including progress made on previous goals; 3. A copy of the current nutritional plan of treatment, including therapeutic goals, and anticipated time for achievement; 4. Parent/legal guardian and/or parent agree(s) to cooperate with the proposed medical nutrition therapy plan.
22	Medical Supplies. As required for medical supply claims, all manufacturer codes and catalog numbers must be documented. Please refer to the Medi-Cal manual for billing instructions.
23	Primary Care Provider. This child/youth is assigned to following CCS Special Care Center (SCC): Name of Center: Address of Center: Phone Number of Center: You are authorized to provide healthcare services related to you patient's CCS medically eligible condition in conjunction with the physicians at the above noted CCS Special Care Center.
24	Newborn Hearing Program. Claims for services provided to children with other third party insurance must be submitted to the insurance carrier or HMO prior to billing the CCS program for the services. A denial of payment from the third-party payer must accompany the claim.
25	When rental reimbursement paid to date for this requested DME item has reached or exceeded the Medi-Cal program allowable purchase price, as per California Code of Regulations, Title 22, Section 51321(c)(C), no further rental reimbursement shall be authorized, and the item is considered purchased. Please provide the client's family with maintenance and care information for the equipment, and warranty information, of any. CCS will authorize and reimburse for necessary service/repairs, supplies and accessories for all purchased DME.
26	The CCS program may elect to purchase rented DME at any time. If rental reimbursement reaches or exceeds the Medi-Cal program allowable purchase price, no further rental reimbursement shall be authorized and the item will be considered purchased.
27	Although this authorization lists a specific manufacturer, you are authorized to bill for the same product from a different manufacturer if the one authorized is not available.
28	Initial authorization for exam/HLD index only; subsequent services pending Delta Dental approval.

28 Session Evaluation

Feedback on Training Session

We would like to receive your input into this training session. Please fill out the feedback form and return it to the trainer.

Training Program Evaluation

In our efforts to continuously improve this training program, we would appreciate your candid responses to all of the following questions. Thank you for your help and cooperation.

Your Name: _____

Course Date: _____ **Course Location:** _____

Instructor(s): _____

Training Materials. I found the training materials to be:

Strongly
Agree
Agree
Undecided
Disagree
Strongly
Disagree

- | | | | | | |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Well organized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Useful to me back on the job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Clearly written | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Accurate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Easy to use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Valuable to my learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Comments:

Training Program Content

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. The skills and concepts taught were relevant to my job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The program content was challenging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The program content was covered in sufficient detail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Comments:

Training Program Design

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. The skill practices will help me back on the job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The group exercises were effective at increasing participation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Time was used effectively during the training program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Comments:

The instructor(s):	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
13. Demonstrated a thorough understanding of the program content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Maintained an appropriate pace for learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Clearly explained instructions for the exercises.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Instructed the program at a level appropriate to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Created a comfortable environment in which to ask questions and express concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments:

Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Attending this training program was a good use of my time					
19. My learning objectives were met.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I've developed skills that can be readily applied to my job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments:

Open-Ended Responses

21. The most relevant topics covered were:

22. If some topics had to be left out, I would choose to omit:

23. What else would you like us to know about the program materials, content, design, or instructor?